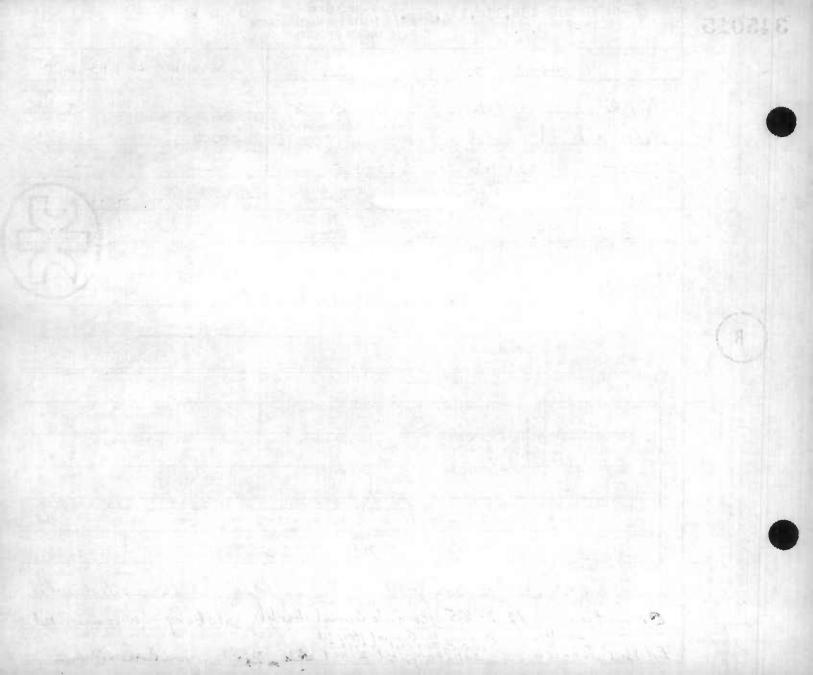
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#16,12b,FilmG610 12/30/85 kam

DHMH - 16 60M 7/84 (VRA 15, 4)

Stole Black Residence of the second Personal Property and the Second Second Second Second WIND BURNESS TO LEAVING a combine some some some

345015	1 -	ITEM NUME FOR STATE 12-11-8 REGISTRAR	ER 136,1	.3c,13e p	TMENT OF A	OF MARYLAND FALTH AND MENTAL H CATE OF DEATH	YGIENE S &	3 2	5 / 8
may be r page 3		OR PRINT)	Michael 4 RACE	R.			20 DATE OF DEATH NOVEM 6 AGE (IN YEARS LAST BIR		YEAR 26 HOUR 1985 1430 DERIYEAR IF UNDER 24 HRS
leoth. roge 4		MIR RIHPIAGE (STATE OR FORE) OUNTRY) Nary (and	GN 76 CITIZEN	OF WHAT COUNTRY	(2)8	25 85	9 BALTIMORE CITY O	YRS PROUNTY OF D	3 16
ours ofter o	ØSU/	Y OR TOWN OF DEATH LISBURY L RESIDENCE (IF NURSING) TATE 113h	Penin:	SUCH FACILITY, GIVE STRE SULA Gener VE RESIDENCE BEFO	ral Hos		17a USUAL OCCUPATION OF THE OF WORK FOR MOST O	F WORKING LIFE) [N	b. KIND OF BUSINESS OF IDUSTRY
MARYLAND : ed within 24 h		00 1	ORCHESTE:	IBC CITY OR TO REF	RLIN,	13d. INSIDE CITY LIMITS? YES NO [] 15 MOTHER'S MAIDEN N FIRST JOANN	115 FLOWE		1811 Purnell
LTIMORE, I		AS DECEASED EVER IN U	J.S. ARMED FORCES YES GIVE WAR OR DATES	S? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	SS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that performed by the certificate has been signed by the company of the buriol-transit permit. Then please is the buriol-transit permit. Then please is the buriol-transit permit. Then please the and Mental Hygiene prior to buriol or ked extended.	NO	Conditions, if ony, wh gave rise to immedicate (a), stating underlying couse li	CAUSED BY MEDIATE CAUSE (a) DUE TO witch ate the ast (c)	o, or as a conseo	UENCE OF	NOT RELATED TO THE TEL	RMINAL DISEASE OR CONI	DITION GIVEN IN	
VITAL RECO	CERTIFICATION	190 DATE OF OPERATION	ING 21b. TIM	NDITION FOR WHICE			200 AUTOPSY? YES NO STREED (ENTER NATURE OF INJURE	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
DIVISION OF VING PHYSICIAN After this certifice as the buriol-rr. Jihh and Memal I marked extern it	MEDICAL	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	ZAMINER) 21e PLAG [AT HOME	A.M. MONTH P.M. CE OF INJURY STREET, FACTORY, OFFICE	E, FARM ETC)	211. LOCATION STREET	CITY OR TO		OUNTY STATE
HOSPITAL OR ATTENDED by the hospital or FUNERAL DIRECTOR. Juld be detached for uss the State Dept of Her ORTANT. If them 21 is r		220.1 certify that (1) (the saw the deceased a abave, (1) (we) (did)	live on 10 - 10 (did nati view the bo	27 19	85 , an	EGREE ATTENDING	in death accurred an the do	ate and hour and	, (()
share share		URIAL, CREMATION, REN	NOVAL 236 DATE	2-85 P) 1	ANT MIC.	23d. LOCATION CITY OR TOWN	nue S	
BP DHMH - 16 60M 7/84 (VRA 15, 4)		NAME 2	ktan nson	Peninsula 100 Esto Salisba	repli s	Storpital 250 D	ATE REC'D. BY REGISTRAR		COMICE MC



- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

126 KIND OF BUSINESS OR

YES T

COUNTY

25b. REGISTRAR'S SIGNATURE

22c DATE SIGNED

STATE

0641

FOR - STATE REGISTRAR

DECEASED NAME TYPE OR PRINT)

STATE OF MARYLAND DEPA

RTM	ENT	OF I	HEAL	TH	AND	MENTAL	HYGIENE	
	CEF	RTI	FICA	TE	OF	DEATH		

MARRIED - NEVER MARRIED

			CERTIFICAT	E OF D	DEATH		REG	NO.				
AThe	•	Beaucha	MD-SM	计	2	2	DATE OF DEATH	MONTH 2	91	1985	26 HOU	A,
	4 RACE	51	SEDATE OF BIRT	H		6	AGE (IN YEARS LAST	SIRTHDAY)	IF UNE	DER I YEAR		24 HR5
•	wh	ite	9 2	O	1911	Ó	75	YRS	MONTH	DAYS	HOURS	MIN.
OREIGN	75 CITIZENI OF	WHAT COUNTRY?	R			- 0	BALTIMOPE CITY	OP COLIN	TYOFD	EATH		

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

126 KIND OF BUSINESS OR

IMMEDIATE CAUSE (a).

13d INSIDE CITY LIMITS?

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

M WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

226 SIGNATURE

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210	ACCIDENT WAS UNDERLYING	

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY OFFICE FARM, ETC.)

NOF YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

20a AUTOPSY2

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

19 21e PLACE OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET CITY OR TOWN

COUNTY STATE

NO F

AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death

DEGREE

ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22c. DATE SIGNED

FICATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

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		FOR
1	-	STATE
		REGISTRAR

3 SEX

DECEASED NAME

Male

Allan

4. RACE

White

319169

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO.			1	
Belyea BELYEA	NOVEMBER	DAY 19		26. HOU	
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	
02 05 1907	78 YRS.	MONTHS	DAYS	HOURS	MIN.
Y? 8	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

126. KIND OF BUSINESS OR

21801

Massachuse		76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED			BALTIMORE CITY OR COUNTY OF WICOMICO	F DEATH
Salisbury	DEATH		HOSPITAL, NURSING			UTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Engineer	12b. KIN INDUST
STATE Aaryland			GIVE RESIDENCE BEFORE 134. CITY OR TOWN Salisbur	V 13d	. INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP CODE 410 Somerset Av	enue
4 FATHER'S NAME		200		15	MOTHER'S M	AIDENNAA	ΛE .	

James	G.	Belyea	Elizabeth	Cahill
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 023-05-5736A	Same as #13e	B. Belyea (Wife)

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		Ventucular Fibrilla fun	BETWEEN ONSET AND DEAT
Conditions, if any, which gove rise to immediate cause (a), stating, the underlying cause lost.	DUE TO, OR .	AS A CONSEQUENCE OF Sweeney disease with	the costhmu

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
			YES NO	YES NO	
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	Y IN ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)					
	1.3110				
21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TO	WN COUNTY 5	
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	STREET	CITORIO	3	

22a I certify that	(I) (this hospital) attend	led the deceased from_	phy 9		11-1-1	985 that (1) (we) lo
	osed alive on	body ofter death.	ond that in (m	y) (am) opinion death accurre	d on the date and hour	
226 SIGNATURE		0 /)	DEGREE			22c DATE SIGNED
1	1 2 - 20]	Oilde	1 0110	ATTENDING MEDICAL	STAFF	11.1 00-

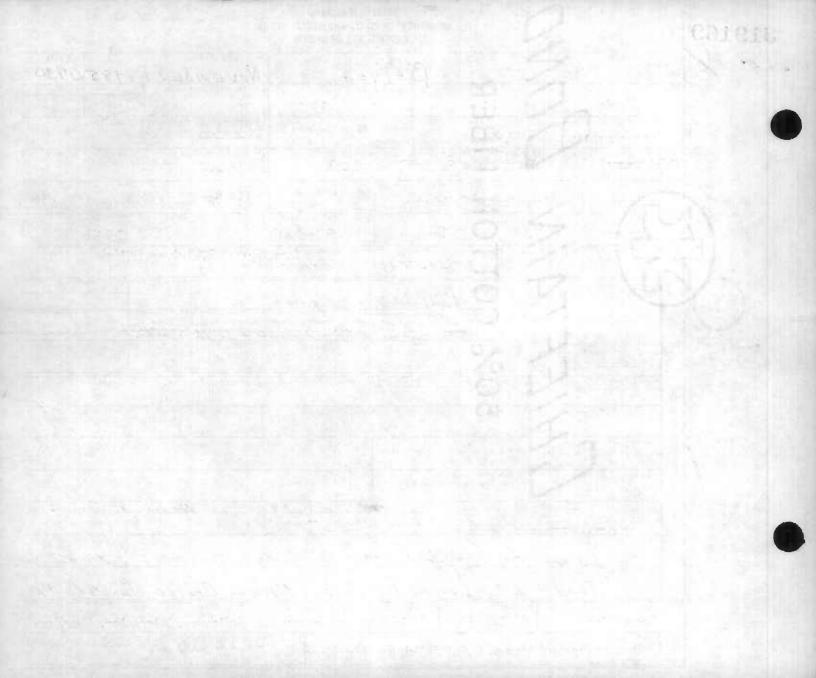
Lames of	MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11-1-85
22d PHYSICIANS NAME (TYPE OR PRINT)	??e ADDRESS	
Turner 1 Dierran ma	P- 10 Mening De 10 /	and my

AA FINIEDAA DIRECTOR	-				
Cremation	11/3/1985	Salisbury Crematory	Salisbury,	Wicomico,	Marylan
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

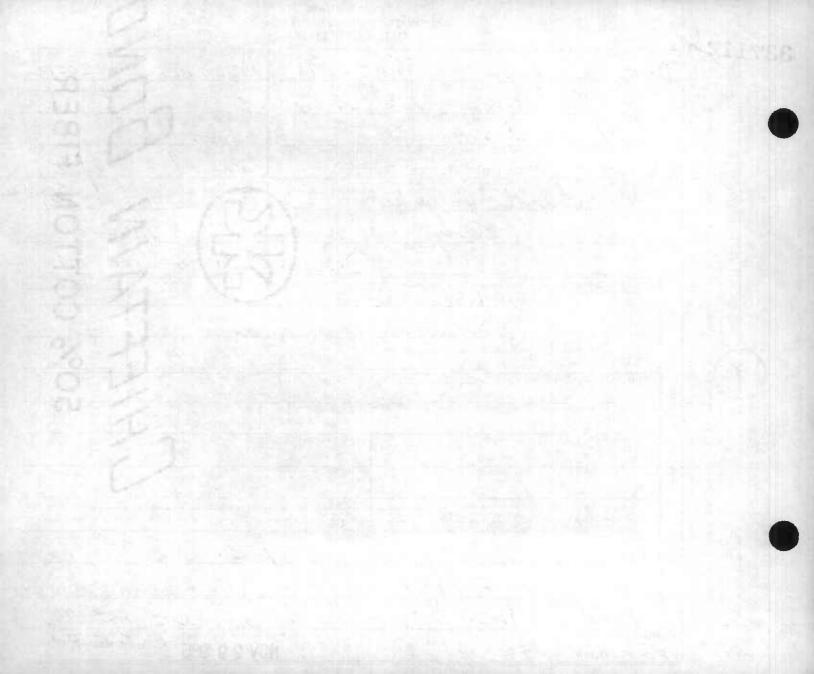
Holloway Funeral Home, P.A., Salisbury, Maryland



RTIFICATE OF DEATH	REG. N

		FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	မျိုး ၁ ၁	2082
- and	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1199	DE	CEASED NAME FIRST	MIDDLE	LAST LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Secrit 3		oretha &	barl	BIRCKETT	NOVEMBER	21,1985 0513
4.0	1.36)	1	RACE	5. DATE OF BIRTH MONTH DAY, YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
40	/	RTHPLACE ISTATE OR FOREIGN 76	BIK.	3 24 34	9 BALTIMORE CITY OR COU	
66		OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED		NIT OF DEATH
1	10. CI	TY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Wicomico 12a USUAL OCCUPATION	175 UND OF SUSINESSO
180	Sa	lisbury	(IF NOT IN SUCH FACILITY, GIVE STREI Peninsula Gener		TYPE OF WORK FOR MOST OF WORKIN	IG LIFE) INDITION OF
300/	USU/	AL RESIDENCE (IF NURSING HOUTE OR OF	THER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS / ZIP C	ODE, RFI BOX
00		Md. Some	coll (1)	noke YES NO	Pocomike 71	nl. ms. 21831
10 J	11.57		DDLE	15 MOTHER'S MAIDEN NA	ME MIDDLE	Dan / LAST
110	6	ornelus	Speak south	1-lowence	ADDRESS	Masery
Poper		VAS DECEASED EVER IN U.S. ARMI (15, NO OR UNKNOWN) (1F YES, GIVE V	WAR OR DATES)	Deboral	111	moke md.
1 1		8 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), c	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
000		PART I. DEATH WAS CAUSED IMMEDIATE	11/1 5 7 . 0	atory Failure		
or			DUE TO, OR AS A CONSEQ			
rate		Canditions, if ony, which gave rise to immediate	(16) COPLIN	oma of the Li	ing	
1	18	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	UENCE OF		
100		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	inal disease or condition	GIVEN IN PART 110
	CERTIFICATION					
	HCA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
80	E	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	214 HOW INTURY OCCUPI	YES NO	YES NO
DE TO	1000	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	TENTER SATORE OF INJURY IN THE	TID CART TORCART E
1 4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	21f LOCATION		
hed	ME	ORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
1 1		22a certify that (1) (this haspita				1, 19 5 1-, that (I) (we)
20 12		saw the deceased alive on abay (1) we) (did did nat)	Now the body after death.	55, and that in (my) (aur) apinian	death accurred on the date and	haur and from the causes stated
Dept		226 SIGNATURE	111111	DEGREE	MEDICAL STAFF	22t. DATE SIGNED
# V		MARY LAW	M Hellry	M D ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11/01/85
		SHE PHYSICIAN THAME THE OUR	- 1	22e ADDRESS	cl -+ 2	. / !
SHTA		Mari 1211	50 [- 10111	11 200 11. (1.	10 - 1 100	- a a la finh Al
MPORTA	22- 0	Mary Loui	& FICUR	y 37x tnth	Speel toca	on the aky, n
should be with the 3 MPORTA	23a. E	MORY DUI	23b DATE 23c	M 305 to M	230 LOCATION CHYPOTOWN	Simple aly, A

DHMH - 16 60M 7/B4 (VRA 15, 4)



333050	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 3 3 3
Thin 24 hours offer death. Page 4 may be pletely filled in by the funeral director, page 3 at 2 should be filed within 72 hours offer death confiner multipletely director.	1. DEC 1TYPE (3. SEX 70. BIR 10. CIT	REGISTRAR EASED NAME FIRST SUE LA ETHPLACE (STATE OR FOREIGN DUNITRY) TY OR TOWN OF DEATH OCH SOLUTION I. RESIDENCE (FINURS IN HOLD OR ITALE) THER'S NAME	(IF NOT IN SUCH FACILITY, GIVE STREE OTHER INSTITUTION, GIVE RESIDENCE BEFO 134. CLTX OPTO MIDDLE LAST	S. DATE OF BIRTH MONTH DAY S. DATE OF BIRTH MONTH DAY YEAR WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION TADDRESS RE ADMISSION) NO 13d INSIDE CITY LIMITS? YES 15. MOTHER'S MAIDEN N	9. BALTIMORE CITY OR COU	IF UNDER TYEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN.
medicoles (PAS DECE ASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 235-30		PAN BANNON	SAME AS 13C
guires that the death certifical against by the attending phy is signed by the attending phy is the please remove corban page to build, cremation, or removin highly, or other troumatic event, the	NO	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO OR AS A CONSEQUENCE OF TO OR AS A CONSEQUENCE OF THE CO	JENCE OF active)	epititis tell vial by rainal disease or condition	N GIVEN IN PART IIO
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requiretoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed be detached for use as the buriol-transit permit. There with the State Dept. of Health and Mental Hygiene prior to be with the State Dept. of Health and Mental Hygiene prior to be with the State Dept. of Health and Mental Hygiene prior to be made of them 18 shows any injure that the mage of them 18 shows any injure that the mage of them 18 shows any injure that the mage of the mage of them 18 shows any injure that the mage of the m	MEDICAL CERTIFIC	sow the deceased alive on, abave, (1) (we) (did) (did not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE tol) ottended the deceased from	DAY YEAR 19 211 LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19 19 19	YES NO	COUNTY STATE , 19 , tho (we) lost
DHMH - 16 50M 4/83	- (LIRIAL, CREMATION, REMOVAL	23b. DATE 11-17-85 ADDRESS	NAME OF CEMETERY OR CREMATOR DEBCHESTER MEM 250 D NO	23d LOCATION PRIOWN ATERECID. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE

FORESER Med Maring Salvaney The 17 to 18 House Son and the second transfer with the second seco They have to the things of the

		1					E OF MARYLA			3 2	0 8	-4	
3:	22080		FOR STATE			EPARTMENT OF				Q Eas	0 0		
0,	02000		REGISTRAR	FIRST	WEL	MIDDLE	ER'S CERTIFI	ICATEO		REG. NO.			
			CEASED NAME	FIRST		WIDDLE	LAST		OF	ESTI-	MONTH DAY	YEAR 2	26 HOUR
	중요보통 변			COOK ROY		Clwood	Bran			MATED X		9 85	M
	50 m 5 m	3. SEX	4 RAC		DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS DAYS	HOURS 1	24 HRS. 2t. DATE		AONTH DAY	YEAR	26 HOUR
4	PASSES PASSES		Male w	hite	6 30	99 86 84	á		DEAD		1 6	85	1120
3-	3.2 - 6K. M.		RTHPLACE (STATE OR	7b.	CITIZEN OF WH	AT COUNTRY?	MARRIED N	EVER MARRIE	D 9 BALTIN	ORE CITY OR C	COUNTY OF DE	EATH	
	A MERS		Pennsylva		USA		WIDOWED A	DIVORCE	D 🗆	Wicomi	co		MD.
	SARB!	10 C	TY OR TOWN OF DE	ATH II	NAME OF HOSE	PITAL, NURSING HOME	OR OTHER INSTITU	UTION	12a. USUAL OCCU	PATION (TYPE OF	WORK 12b. KINI OR	D OF BUSI	INESS
	A STATE	-	Sharptow	n !		ry St.	Sharpto	wn	demolitic	n		usin	
	SEAN OF THE PERSON OF THE PERS		AL RESIDENCE (IF IN NI	IRSING HOME OR OT	HER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION		CITY LIMITS?	13e STREET ADDRI	223	11/1	1.1	
	REGERA		ryland	Wicom	ico	Sharptown	YES [X		505 Ferm	ry St.	418	101	
1	Tries DA]4. F.	ATHER'S NAME	AA	IDDLE	LAST	IS MOTH	HER'S MAIDE	N NAME	AIDDLE	1/	AST	
1	30522	1	Ulysses	m.	Bra	47101		Maggie		Lehm	nan		
	WITHING HOUS AFTER DEATH IN THE STATE OF THE		VAS DECEASED EVER	IN U.S. ARMED		166. SOCIAL SECURITY	NO. 17. INFOR	RMANT	B. Morle	ADDRESSSh	arptown	Mar	vland
	AGE ASSIGN	no		THE TEST OFFE WAS	ON DATES,	210 03 42	90 Mrs.	Ethel	B. Morle	ey 505 F	erry St		
	Z m ≥ +		18 CAUSE OF DEA	TH (Enter only o	ne cause per line	far (a), (b), and (c).)					APP	ROXIMATE IN	NTERVAL
	2 (23482)		PART I DEATH V	VAS CAUSED BY IMMEDIATE C		rterioscl	erotic	Cardi	ovascul	ar Dis			ars
	S SERVICE SERV			in the birth c		AS A CONSEQUENCE O)F						
	是		Canditians, if		(b)								
3	SE S		cause (a) statin	g the under-	DUE TO, OR	AS A CONSEQUENCE C)F				100		
	S S S S S S S S S S S S S S S S S S S		lying cause last		(c)						3.3 70		
1	AABAE B		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONT	RIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL OISEASE OR CONDITI	ION GIVEN IN PAR	T + (a).				J =
	S CERTIFICATE SHOULD BE EXECUTED TO THE WORD THE WORD THE WORD THE WEB AS A BUT OF THE WEB AS A BUT OF PERSON TO PRIOR TO BURIAL CHARITA	N N											
	HEF WENT OF HER WANTED	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	RMED?			20. AL	JTOPSY?	
	\$82500g	E									YF	ES 🗌	NOTE
	ATE STATE OF THE CITY BE CITY	H	210 EXTERNAL CAL		216. TIME OF	MONTH DAY YEAR	21c HOW INJUR	Y OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 PART	J 1 OR PART 2)		22
	CERTIFICATE TING THE WEED TO THE BEST SHOULD E DEPARTMENT OF THE WEED TO THE DEPARTMENT OF THE WEED TH		UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		MONTH DAT TEAR							
	PRI SE T	MEDICAL	216 INJURY OCCUR	RED	21e PLACE O	FINJURY (AT HOME	21f LOCATION		CITY OR TO				
	=>3050	2	AT WORK AT V	WHILE	STREET, FACTO	JR (, FARM, ET C.)	SIREET		CITY OR TO	WN	COUNTY		STATE
	THE THE THE PART PART PART PART PART PART PART PART		220. I certify that	I took charge of	the remains desc	ribed above, held an	Autopsy .	Inspection	K Inquiry	A and in	п ту аріпіал		
	MAN DEAN		death resulted from			Accident , Sui		nicide .	Undetermined m		r my opimon		
	EXAMINE CERTIFICA JID RE FO DIRECTO WITH TH AMRYLAN		Georgia resonate inte		,	, ,		(SPECIFY)	ond city miles in				
	2050-X		ACTUAL SIGNATURE	June	563m	alada	ena.	puty	MEDICAL EXAM	AINED	DATE 11	-6-8	35
	MEDICAL SE A SHOU TINGERAL TINGERAL	1	C						MEDICAL EXAM	HINEK	SIGNED		
	A SA SEE		(TYPE OR PRINT)	John	T. Bulk	celev. M.	ADDRESS_	Sali	sbury.	Maryla	nd		
	524544	23a.B	URIAL, CREMATION,	REMOVAL 236	DATE	23c. NAME OF CEA	NETERY OR CREMAT	TORY	23d LOCATION		COUNTY	STAT	16
07/	B4 BP	1	burial	11	/9/85	Berlin C	emeter		Berlin		-		
25M	DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS		- VIII	25a. DATE R	Berlin EC'D BY REGISTR	AR 256 REGISTR	AR'S SIGNATU	RE	-
	(VR A15 ME (5))			Disharo		78 Laurel.	Del 19956	6	4. C. 16.	7 13 Trans	and agost of the	HICKER	2 4

Lamer L. al marcon fox o78 Laurel, del 19956

11/9/85 orlin Co.eto-y erlin Femisylvania

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STATE OF MARYLAND 343082 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) A AGE (IN " ARS LAST BIRTHDAY) IF UNDER 1 YEAR HINOM HOURS BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED WICOMICO 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE FARM ETC.) NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from_ _, that (I) (we) last sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME 22e ADDRESS ould be 234. NAME OF CEMETERY OR CROMATOR BP DHMH-16 50M 1/81 (VRA 15, 4)

32	91	08	1/-
e e	death	12	1 DECE
ge 4 may	arrector, page 3 ours after death	1	3. SEX
eoth. Fog	n 72 hou	45	7a. BIRT
s ofter d	bad with	40	10. CITY
\$24 hour	filled in tould be f	38	SA USUAL 130. ST.
executed within 24 hours ofter deoth. Page 4 may be	Carlotte Control	130	14. FAT
execut	Nago puo	Ded Col	16a. WA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

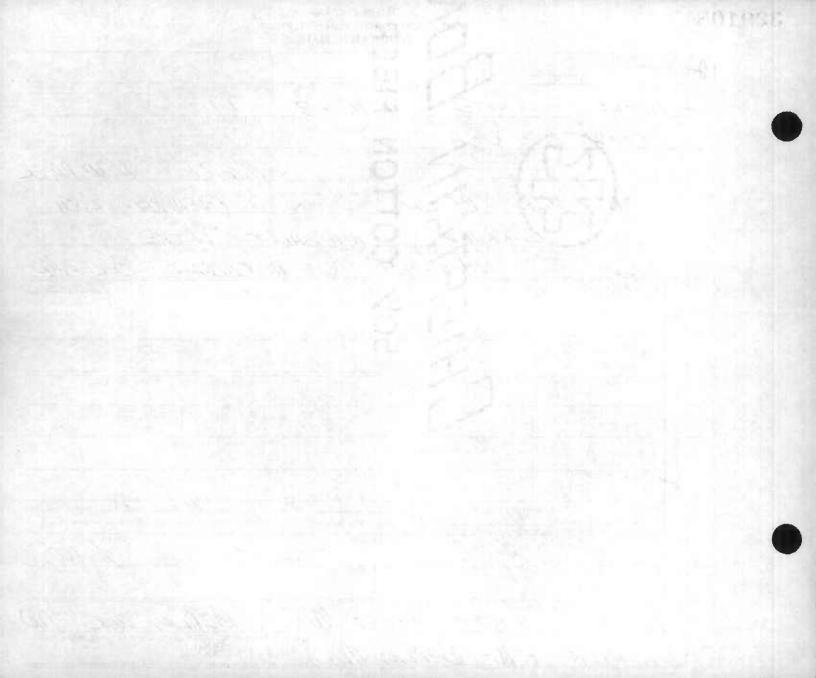
	REGISTRAR			CERTIFICATE OF DEATH	REG. NO).		
1	DECEASED NAME	FIRST	WIDDLE	LAST		MONTH DAY	YEAR	2b. HOUR
1	OR FRINT	ALERET)),	CARRANO		11 15	85	6:30 PM
3.	SEX		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	111114	E	WHITE	4-110-08	77	YRS.	DATS	NOOKS MIN,
7.	BIRTHPLACE (ST	ATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	EATH	
7	CON	W.	USA	WIDOWED DIVORCED	2 200 0 0 0	ICO		MD.
N	O. CITY OR TOWN	OF DEATH		SING HOME OR OTHER INSTITUTION		ON 12 F WORKING LIFE) IN	b. KINDO	F BUSINESS OR
1	SALISBUR	y /	SALTSBURY NURS		Maki	WORKING LIFE)	TEST	3 PAPER
			THER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	IS? 13e.SJREET ADDRESS /	710 0000		-
X.	MA	100	OR BERI	YES NO D		HINRST-	. 2	1811
7	1. FATHER'S NAME	DAY ET		15. MOTHER'S MAIDEN	NNAME	101-01		79 77
A	10	1215	ARRANO	MARKE	DRET DA	TRF	LAS	1000128
li li	60. WAS DECEASED			CURITY NO. 17 INFORMANT	ADDRE	SS	0	1.
	(YES, NO OR UNKNO	(IF YES, GIVE	NAR OR DATES) 04/-10.	-3931 IRENE	M. CARRAN	10- 1	SECI	cas Mo
1	18 CAUSE OF	DEATH (Enter only	ane cause per line for (a), (b),	and (c)	7,7,4,7		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED	RV A A	MATERY AM	PREST			
		IMMEDIATE	DUE TO, OR AS, A CONSEC					
	Conditions, i	f ony, which		EIMENS PE	ISEASE			
	gove rise to	o immediate stating the	DUE TO, OR AS A CONSEO					
4		couse last	1 1/1/2	BRAC INFAI	de T			
		R SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE		DITION GIVEN IN	PART 10) ·
	19a DATE OF C							
7	S 190 DATE OF C	PERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
	ATT.				YES NO	YES [NO 🗌
7		VAS UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OC	CCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
	(IF EITHER NOTI	FY MEDIC AL EXAMINER)	P.M.	19				
	(IF EITHER NOTE	CCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR FO	wn (OUNTY	STATE
	AT WORK	NOT WHILE AT WORK		a	00	1_	Per-	
	22a.l certify t	hat (I) (this hospita	I) attended the deceased from		81 , to	19	4 .	that (I) (we) lost
	saw the d	leceased alive an_ (we) (did) (did not)	view the body ofter death.	of 1 , and that in (my) (aur) opi	inian death accurred on the de	ite and hour and	from the	couses stated
	22b. SIGNATU	RE OF	1 00	DEGREE			22c. DATE	SIGNED
1	Was	llon	A Kellu	ATTENDIN PHYSICIA	NG MEDICAL STAF		11/16	185
	22d. PHYSICIA	N'S NAME (TYPE OR	PRINT)	22e. ADDRESS		/	/	
	DR.	ROBINS		LAW LIDSE				1.4 0.10
2	3a. BURIAL, CREMA	TION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION			
	BURI	AL	11-18-85	SUNGET IIIP	DER	M, C	Val	TOL
2	4 FUNERAL DIRECT	OP		1250	DATE BEC'D BY DECISTDAD	25h DECISTDAD	SICNIAT	line .

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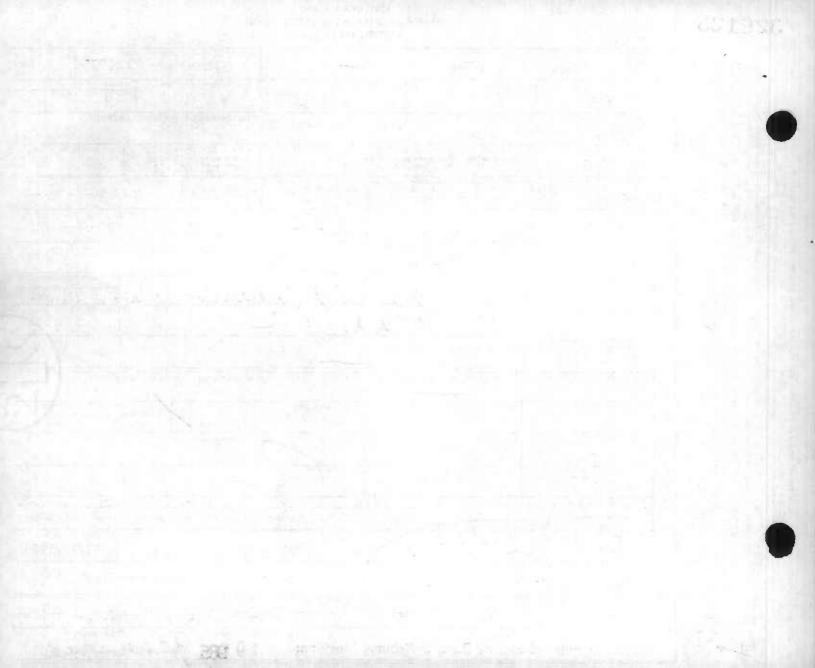
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etoined by the hospital or attending physicion.

BP.



32617	25	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						2 0 8 8
noy be poge 3	2		CEASED NAME FIRST David	4 1	Allen		ausey		Novembe	er 13, 1985 26 HOUR
ge 4 mo		3. SE	Male	4. RACE White		5. DATE O		964		MONTHS DAYS HOURS MIN.
deoth. Po	35	S	RTHPLACE (STATE OR FOREIGN alisbury, Maryla	nd U.S	WHAT COUNTRY?	WIDOWE			9. BALTIMORE CITY OR CO WICOMICO) MD.
by the fu	notified	1	SALISBURY	ROUT	HOSPITAL, NURSIN	117501			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR ACCOUSTICAL T	INDUSTRY INDUSTRY
filled in	5	130 5	Maryland 136. COU		13c CITY OR TOW Salisbury	N	YES 🗌	CITY LIMITS?		240 Johnson Road
ompletely	12/		Carlton	Ällen	Causey		Car	S MAIDEN NA	WIDGLE	Stevens
be exected an ond c	e medica		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G YES	RMED FORCES?	16h SOCIAL SECU 219-82-		Same	^{ANT} Mr. 8 e as #13	& Mrs. Carlfon e	A. Casuey (Parents)
yebs, zot W. PRESTON SI., 85 requires that the death certification signed by the attending physis if Then please remove carbon app	or to buriol, cremation, or removo y injury, or other troumatic event,	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, C DUE TO, C DUE TO, C (c) CONDITIONS C	OR AS A CONSEQUE	ENCE OF		E C		
VI ALKECO N: The low r sysicion cate hos bee	shows on	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	OF INJURY	OPERATIO			YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: The other ding physicial er this certificate is the buriol-transit	ked or Item 18 sto	MEDICAL CI	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTWHILE AT WORK	ATH HOUR A		19	21f. LOCATI	ON	RED (ENTER NATURE OF INJURY IN II	county state
R ATTENDIN hospital ar IRECTOR: Aff	ept. of Heolth		220 I certify that (I) (this has saw the deceased alive a obove, (I)(we) Aid) (than		ne deceased from19	A	d that in (my	, 19	death occurred on the date at	, 19 15 , that (I) (we) last and hour and from the causes stated
O HOSPITAL Cetained by the TO FUNERAL Dishould be detoo	with the State D	/	Marcus D. St	ephanide	es, M.D.	0	22e ADDRE	SS	MEDICAL STAFF DIRECTOR PHYSICIAN Treet, Salisbury	11/15/1985 , Maryland 21801
2 € 2 € BP	: 3 ≥	(BURIAL, CREMATION, REMOVA SPECIFY) Burial	236. DATE 11/1	6/1985 S	pringh	emetery or ill Men	crematory nory Ga	rdens Hebron,	Wicomico, Marylaind
DHMH-16 30M (VRA 1.5, 4		24 FU	Holloway Funer	al Home,	, P.A., Sal	isbury	, Mary		1 9 1985	REGISTRAR'S SIGNATURE



filled in by the functol director, page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove corbangagers. Facer eard with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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1 - STATE

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

T DECEASED NAME	f-DC 1							
	FIRST	MIDDLE	L/	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
(TITE OKTAIN)	Harry	W.	CAW	RSE	Nov. 9.	1985		11 "
3 SEX	4 RAC	CE	5. DATE O		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24
Male		White	June	e 22, 1911	74	YRS.	NIHS DAYS	HOURS
To BIRTHPLACE (STATE		TIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
Ohio	L	J.S.A.	WIDOWE		Wicomico			
10 CITY OR TOWN OF	(1	NAME OF HOSPITAL, NUI IF NOT IN SUCH FACILITY, GIVE ST Deer's Head	TREET AOORESS	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPS OF WORK FOR MOST O Wholesale		Dairy	F BUSINESS
Maryland	NURSING HOME OR OTHER DIES COUNTY Somerse	INSTITUTION GIVE RESIDENCE BI			13e STREET ADDRESS 903 North		e Plac	e 218
4. FATHER'S NAME Elwin	MIDDLE	Wils	on	Eva Eva	WE		Smith	ST.
(YES, NO PRUNKNOWN		00.0 - 200	0-7609A	17 INFORMANT Mrs. Same as #13		(Wife)		3.2
18 CAUSE OF DE	ATH (Enter only one	couse per fine for (a), (b)	i, and (cu)				APPROX BETWEEN	MATE INTERVA
PART I. DEATH	H WAS CAUSED BY:	USE IO) Sta	um S	Telen Cen	chronase	cular		
Conditions, if course rise to course roll, st underlying co	immediate oring the ause last.	DUE TO, OR AS A CONSE		ettistic 17	yewar j	Viethie		
gave rise to cause (o), st underlying co	immediate oring the ause last.	(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1	a
gave rise to cause (o), st underlying co	immediate of the ause last.	(c)	TO DEATH BUT		INAL DISEASE OR CON 200 AUTOPSY? YES NOT	20b. IF YES, V	WERE FINDI	NGS USED
PART 2 OTHER S 19a DATE OF OPE 21a, ACCIDENT WAS	immediate of ing the puse lost. GIGNIFICANT COND RATION 1 1 1 1 1 1 1 1 1	(c) OTIONS CONTRIBUTING OB. CONDITION FOR WH Th. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT HICH OPERATION DAY YEAR		200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY IF YES	WERE FINDII NG CAUSES	NGS USED OF DEATH
GRAT 2 OTHER S PART 2 OTHER S UNDERLYING PART 2 OTHER S PART 2 OTHER S OR CONTRIBUTING ([IF ETHER NOTIFY AND	immediate of the puse last. SIGNIFICANT COND RATION 11 UNDERLYING 2 UNDERLYING 3	(c) ON CONTRIBUTING ON CONDITION FOR WHEELER OF INJURY	TO DEATH BUT HICH OPERATION DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY IF YES JRY IN ITEM 18 PART	WERE FINDII NG CAUSES	NGS USED OF DEATH
Gave rise to cause to 1. st underlying co	immediate of ing the puse last. GIGNIFICANT COND RATION UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER? URRED 21 TWHILE 4 (1) (this hospital) at eased alive on	(c) ONTIONS CONTRIBUTING ONE CONDITION FOR WH ONE CONDITION FOR	DAY YEAR 19 FICE, FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, VIN CERTIFY IN YES JRY IN ITEM 18 PART	WERE FINDING CAUSES I LORPART 2) COUNTY	NGS USED 6 OF DEATH NO
GOVER TISE TO COUSE TO ISSUE TO COUSE TO ISSUE T	immediate of ing the puse last. SIGNIFICANT COND RATION UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER) URRED 21 WORK 2 (1) (this haspital) at eased alive on e) (did) (did nat) view A. U.	9b. CONDITION FOR WHOTE A.M. MONTH P.M. Te PLACE OF INJURY AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM ETC)	216. HOW INJURY OCCURI 216 LOCATION STREET 217 19 218 that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNE) CHY OR TO RED death accurred on the death	20b. IF YES, VIN CERTIFY IN YES JRY IN ITEM 18 PART	WERE FINDING CAUSES I LORPART 2) COUNTY	NGS USED OF DEATH' NO STAI
GOVERNISE TO COUSE (O). STEWNING (O). STEWNI	immediate of ing the puse last. GIGNIFICANT COND RATION UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER? URRED 21 TWHILE 4 (1) (this hospital) at eased alive on	9b. CONDITION FOR WH. 10b. TIME OF INJURY HOUR A.M. MONTH P.M. 1c PLACE OF INJURY AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM ETC)	216 HOW INJURY OCCURI 216 LOCATION STREET 28 19 8 19 8 19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death accurred an the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFY IN YES IN TIEM 18 PART	COUNTY COUNTY COUNTY	NGS USED OF DEATH' NO STAI
PART 2 OTHER S PART 2 OTHER S	Immediate of ing the puse last. SIGNIFICANT COND RATION UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER! URRED 21 WORK 100 10	9b. CONDITION FOR WH. 10b. TIME OF INJURY HOUR A.M. MONTH P.M. 1c PLACE OF INJURY AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM ETC) OM 23C. NAME OF C	216 HOW INJURY OCCURI 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 S AND THE STREET 220 ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OF TO RED CALL STANDING CONTROL OF THE STANDING CON	20b. IF YES, VIN CERTIFY IN YES IN CERTIFY IN YES IN THEM 18 PART OWN 19 Internal Part of the Yes Internal Part of the Ye	COUNTY COUNTY COUNTY COUNTY Md.	NGS USED OF DEATH' NO that (I) (we causes state SIGNED 9-8

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.				
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	
Had 1	7	85	130	0
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
7.3 YRS	MONTHS	DAYS	HOURS	MIN

S DATE OF BIRTH aucasian & BIRTHPLACE CHILIFORNOMEN Th CITIZEN OF WHAT COUNTRY?

MIDDLE

MARRIED NEVER MARRIED WIDOWED DIVORCED T

BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

New Jecter Salisbury

OUNTY

webbit

HE YES, GIVE WAR OR DATES!

IMMEDIATE CAUSE to

IN CAUSE OF DEATH (Enter only one couse per line for

PART | DEATH WAS CAUSED BY

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital HE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13e.STREET ADDRESS / ZIP. CODE POINT STONE Mocro

MIDDLE

& FATHER'S NAME

(YES NO ORLINKNOWN)

FOR

- STATE

LITTPE OF FRINTS

1 SEX

REGISTRAR DECEASED NAME

LAST WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO

17 INFORMANT

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

Conditions, if any, which cause joil stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

12	weeks -	
	20a AUTOPSY?	

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) THE INJURY OCCURRED

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

HOL WHILE [22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on,

DEGREE

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

77h SIGNATUR

24 FUNERAL DIRECTOR

obove, (1) (we) (did) (did not) view the body ofter death.

STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15. 4)

PORTAN

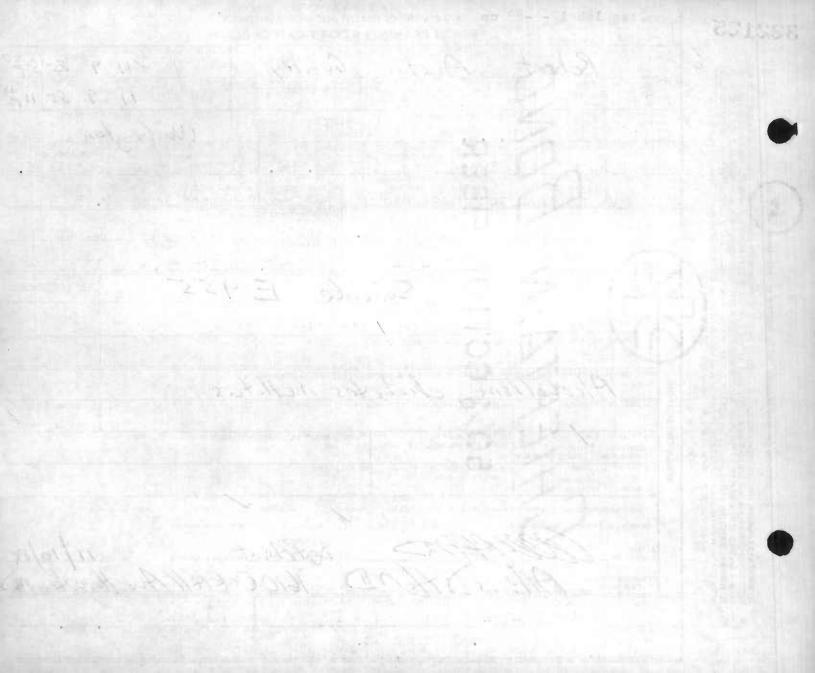
De BURIAL CREMATION REMOVAL DATE

23c NAME OF CEMETERY OR CREMATORY 15coper

kers and Sharper Capital Strate and Land Continue and the property of the same The Market Land of the Street ALLES AND SELECT AND ASSESSED ASSESSED. ENGERN FAMES HAVE MEDDE

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE UNK. #85-93 REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED XX Church Earl 9-23 19 85 A RACT 5. DATE OF BIRTH IF UNDER 24 HRS DATE YOUR LAST BIRTHDAY RONOUNCED 5:00 DEAD 11-25 1985 D.M 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED Wicomico County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS field south of Connelley Mill Rd. Delmar JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME ADDRES ARMED FORCES? O. OR UNKNOWN I (IF YES, GIVE WAR OR DATES CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Multiple Gunshot Wounds (unspecified) IMMEDIATE CAUSE (a)-MENTAL HYGIE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIALlying cause last. PAGE 3 SHOULD BE USED AS A BURIAL STATE DEPARTMENT OF HEALTH AND MI 2 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING XXOR 19 85 CONTRIBUTING CAUSE OF DEATH subject was shot 214. INJURY OCCURRED 211 LOCATION AT WORK AT WORK XX PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I -south of Connelley Mill Rd., Delmar, Wicomico Autopsy XX 220. I certify #18t I taak charge of the remains described above, held an Inspection Hamicide X Undetermined manner TITLE (SPECIFY) ACTUAL 11-26-85 Assistant EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth M.D. (TYPE OR PRINT) 07/84 DHMH - 17 (VR A15 ME (5))

		1.	FORItem 18b 12-	4-85 cn r	STA DEPARTMENT OF	TE OF MARY	MENTAL HY	GIENE	3 2 0	7 3	
322	125	1-	STATE REGISTRAR		DICAL EXAMIN			DEATH	REG. NO.		
	/		CEASED NAME FIRST	1	WIDDLE	LAST	1	26. DATE KN	OWN MONTH	DAY YEAR	2b. HOUR
	San Brit		Kobei	it,	Hustin	60	hlex	OF E		9 19 85	-8 PM
	多音点点	3.58	4 RACE	5 DATE OF BIRTH	6. AGE (IN Y YEAR LAST BIRTHI	EARS IF UNDER 1		4 HRS. 2c. DATE	MONTH	DAY YEAR	2d. HOUR
	ON STATE	Section 1	ale White	5 9:	1916 69	rs.	S HOOKS	DEAD	/)	9 1955	11 PM
-	SESSE AND A SESSE		HTHPLACE (STATE OR COUNTRY)	76. CITIZEN OF WH	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMOR	ECITY OF COUN	OF DEATH	
•	AN A		hio	U.S.A.		WIDOWED [DIVORCED		ashing	011	MD.
	/NEW TANK	/ 1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FAI	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)			20 USUAL OCCUPAT	(IFE)	OR INDUST	TRY
	BEZ MA		AR RESIDENCE LIF IN NURSING HOME	9 Elwo			. Md.	Self Emp.	Loyed	Soda Ve	end.
1	₹9658 A	3a S	TATE 136 COUN	ITY	13c. CITY OR TOWN	13d INS		3e STREET ADDRESS	7 - 2 0	1/40	
(3].	Town Sale		<u>ryland Wash</u> ATHER'S NAME	ington	Hagersto		THER'S MAIDEN	9 Elwood	Land R	5. 2	
	F 2 2 1		FIRST	middle narles	Conlev		arie	Ceci		CMOCC	
MON	00 × 50 /-	160.	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	750	ORMANT		ADDRESS	Gress	
T.	NATH AND STATE OF STA	Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	217-10-2	826 Be	tty C.	Conley	sa.e as	13	
2	SEN PAG	V	18 CAUSE OF DEATH (Enter or	ly one couse per line		1		0.00	-	APPROXIMAT BETWEEN ONSE	TE INTERVAL
N S	ERWG H	-	PART I DEATH WAS CAUSE	D BY: TE CAUSE (o)	Su	cide	二二	933		BETWEEN ONS	, AND DEATH
1510	NA PARA	43			AS A CONSEQUENCE						
£	E SE	10	Conditions, if any, which gave rise to immediate	(b) De	pression		ism				
3	NEW YEAR	1	couse (a) stating the <u>under</u> lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF				100	
22	5 2 2 2 2 2		BARLS COURS (SCHOOLST CONDITIONS	(c)							
ORD	DIN BELLA	z	PART 2 OTHER SIGNIES CANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PARE	12			
BEC	TAN MEN	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS PER	FORMED?	1 cm		20 AUTOPSY	12
TAL	HEF HEF COLLEGE COLLEG	XX	THE RELEASE							YES 🗆	NO M
> 40	ATE ST THE CO THE CO TO BE TO BE	7 8	210. EXTERNAL CAUSE WAS	21b TIME OF		21c. HOW INJ	URY OCCURRED	LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA		110
NO	FICATE OUT THE VI	1000	UNDERLYING OR CONTRIBUTING CAUSE OF		. MONTH DAY YEA	AK					
Z S	S S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME,	21f. LOCATION	٧	CITY OR TOWN	(0	UNTY	STATE
ā	WAR AND THE	1	WHILE NOT WHILE AT WORK								STATE
	A STEP		220 I certify that I took charge	ge of the remains des	cribed above, held on	Autopsy	, Inspection	Inquiry [ond in my op	inion	
_	N W W W W W W W W W W W W W W W W W W W		death resulted from: Note	couses .	Accident , S	uicide H	omicide .	Undetermined monne	er .		
	EXA DIRE WAR		ACTUAL	111164	420	Till	E (SPECIFY)	1	0.475	1.	1
	PETER SHOW SEATH ORE /	4	SIGNATURE		17 1-	M.D.2	377751	MEDICAL EXAMINI	ER SIGNE	0///	0/85
	MEDICAL CUTE THE SE 4 SHO FUNERAL THOORE H	2	EXAMINER'S NAME	1/6/1	X-461	VA	16.10	PakK!	1/A.	Hosh	. mi
	A TO	73a P	(TYPE OR PRINT)URIAL, CREMATION, REMOVAL	73b. DATE	1234 NAME OF CE	METERY OR CREM	ATORY	23d. LOCATION	- juic/	7	AN IL
07/84	BD 1394	4	SPECIFY)	11-10-85		ura Cre		CITY OR TOWN	coul		TATE
25M	DHMH - 17	24. F	UNERAL DIRECTOR			0	25c. DATE RE	C'D. BY RECISTRAR			*
	(VR A15 ME (5))	G	erald N. Minr	nich Hage	Potomac	ot. Marvlan	MUV 1	+ 1900			4



		1.4				OF MARYLAND		2 5	1 3			
		FOR STATE				EALTH AND MENTAL						
34	6017	REGIS		MEI	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH RE	G. NO.				
0 1	002.	1. DECEASE			WIDDIE	LAST	24. DATE KNOW		DAY YEAR	26 HOUR		
	San St	(1176 0474)	Ear	ין	Millard	Cropper	OF ESTI DEATH MATE		28 19 85	011		
	MO FIGURA	1. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR)	IF UNDER TYR. IF UNDI	ER 24 HRS. 7c. DATE	MONTH	DAY YEAR	2d. HOUR		
	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	/Mal	a limita	6 2	Tear Last Birthday)	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	11 0	28 19 85	01%		
/	A TO SELL	Mal BIRTHPL	e White	76. CITIZEN OF WH	HAT COUNTRY?		9 BALTIMORE C	SITY OR COUNTY		IUIM		
	品類気量素	FOREIGN C	OUNTRY)		The second second	MARRIED NEVER MAR	RIED U	_				
	25.45	Mary	yland TOWN OF DEATH	U.S.A.	PITAL, NURSING HOME,		RCED Wice	omico	b. KIND OF BUS	MD		
	PAGE PAGE	1		(IF NOT IN SUCH FAI	CHITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIF	E)	OR INDUSTR	₹Y		
	300mg		Sbury	Peninsu	ıla Genera	L Hospital	municipal	embroke	ee			
100	SHOUDE RECORD	13a. STATE	[13b. CO		13E. CITY OR TOWN	13d: INSIDE CITY LIMITS?	13e. STREET ADDRESS		- 10-01			
2120	A A S S S S S S S S S S S S S S S S S S	Mary	land Wo:	rcester	Showell	YESX NO	R.F.D, P.	D. Box	5/2186	2		
WD	H. 72.3.2.	14. FATHER		MIDOLE	LAST	15. MOTHER'S MAI	MIDDLE		LAST			
MALTIMORE, MD.	SES 1, 2	Geo			Cropper	Minnie	9		lliams	3		
MO	22	16a. WAS DI	CEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	Mrs B	etty Palmer	RESS Berli	n. MD			
5	S AFTER GIVE PA ITH FOR MISION	No	(IF 1E5, 0	IVE WAR OR DATES;		(301)	541-2432	, DCITI	,			
-	NO STATE	118 C	AUSE OF DEATH (Enter	anly ane cause per line	far (a), (b), and (c),)	. (30.1)	14T 7417	T	APPROXIMATE			
PRESTON ST	5105W	P.	ART I DEATH WAS CAU	SED BY:		erotic Hear	t Disease	T DIE	MINS			
ō	# FORTES		IMMED	11.112 01.1000 (0)	AS A CONSEQUENCE OF							
RES	TO GI		Canditians, if any, whi									
	NAME OF SECOND		gave rise to immedia ause (a) stating the und									
10	DE ANALYS		ying cause last.	_	AS A CONSEGUENCE OF							
8.2	B157585	I DADT 3	OTHER CICHICICANT CONDITIO	(c)	BUT NOT BELLIED TO THE TERMIN							
RECORDS.	ZZOETS		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10									
9	D BE E	19a. C 21a. E UNDI CON 21d II WHII	PATE OF OPERATION	LINE CONDIT	ION FOR WHICH OPERA	TONI WAS DEDECTATED?						
	HEF PARENCE PRAIL	\$ 174.0	ATE OF OPERATION	198. CONDII	ION FOR WHICH OPERA	ION WAS PERFORMED?			20 AUTOPSY?			
. F	CERTHICATE SHE TING THE WORL ED TO THE CH 3 SHOULD BE U DEPARTMENT O 1 PRIOR TO BUR	Ē	XTERNAL CAUSE WAS	21b. TIME OF					YES 🗌	NOX		
ö	CATE SO THE COULD BE TIMENT	IINDE			MONTH DAY YEAR	71c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	EM 18 PART 1 OR PART 2)			
0	HAT OF AN	CON	ERLYING OR TRIBUTING CAUSE O									
DIVISION OF VITAL	京三古 2000年	21d If	NJURY OCCURRED		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCATION STREET	CITY OF TOWN	COUNT	Y	STATE		
	A A A A A A A A A A A A A A A A A A A	AT W	CORK NOT WHILE	U								
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	CERAMNER CERTICA ULD BE FO DIRECTOR WITH THE WARFYLANE		death resulted from: Natural causes **, Accident ., Suicide ., Hamicide . Undetermined manner,									
	XAM TERTIFICO B DIREC WITH WARY	000	in resource from:	iloral causes (<u>JE</u>),	Accident	TITLE (SPECIFY)	Ondetermined mornier					
	205073	ACTU		m 5 33		M.D. Deputy		DATE	11-28	_85		
	A SH MORE THE	SIGN	ATURE		mer any	M.D. Depary	MEDICAL EXAMINER	SIGNED_	11-20	-0)		
	MEDICAL E ECUTE THE GE & SHOU FUNESAL	EXAM	OR PRINT)TC	hn T. Bul	lkelev. M.	D apperes Co	lichanne Me	b 1				
	PAGE PAGE TO FUN	Table 1	CREMATION, REMOVA			DADDRESSSE	23d. LOCATION	ryland				
	77.00.474.00.00	(SPECIFY) Bur		12/1/85		n Cemetery	Berlin W	orceste	r MD	ATE		
07/84 25M	BP		L DIRECTOR	127 17 03	2.019100		E REC'D. BY REGISTRAR 25b.					
	DHMH - 17			age 108	Wms St., I		0	Barrier on				
	(VR A15 ME (5))	VV .	VIIV DUID	aye, IUO	WIND DL., I	CT TTI I METER		Junil - 3	CR. D. Co.			

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEA							
h	. DECEASED NAME FIRST		MIDDLE	· ·	AST	1	REG. NO	MONTH DA	Y YEAR	2b. HOUR		
	(TYPE OR PRINT) HELE!	V C	ook	7	AIL	1		11 2	8 85	7/2	MW	
3	. SEX	4 RACE 5 DATE O				ACE (III TEMESTER)					A HRS	
1	Female	White Sent				1909	76	YRS	NINS DATS	HOURS	MIN.	
Þ	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8				19 BALTIMORE CITY OR COUNTY OF DEATH						
4	Caroline Co. Md	U.S.A. WIDOWE			NEVER MARRIED Wicomico				MD.			
t	I CITY OR TOWN OF DEATH							ATION 128. KIND OF BUSINESS OR				
1	Salisbury	11. NAME OF HOSPITAL, NURSING HOME O RIVERVALL NURSING HOME O RIVERWALK NURSING HOM			19 Registered Nurse			Hospitals				
P	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 135. COU Maryland Tal	NTY	TITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Easton		134 INSIDE CITY L		13e STREET ADDRESS / ZIP CODE 205 Harrison Street All			160	9/	
	4 FATHER'S NAME	WIDDLE	LAST		IS. MOTHER'S MA	AIDEN NAM	E MIDDLE	11	LAS	T		
(F	Edward Cook	MIDDIE	ENS!		Jane Armstrong							
7 1	60 WAS DECEASED EVER IN U.S. AF		166. SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRE	ss I.d.	21632			
2 12	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	044-22-8	579	Nettie W	hitby	, Rt. 1, Bo	x 407.	Feder	alsb	urg	
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crebral OC. Clusive				, Due	se	BETWEEN	MATE INTERV.	AL EATH_			
	Conditions, if any, which	Conditions, if ony, which ((b)			RASIA CONSEQUENCE OF BUTEUSO			leroses			10 years	
	gave rise to immediate cause (a), stating the underlying cause last.	cause (a), stating the DUETO OF			R AS A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO SERVE DEMENDED.										
1	Service 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. COND	196. CONDITION FOR WHICH OPERATION		N WAS PERFORMED		200 AUTOPSY?	WERE FINDINGS USED ING CAUSES OF DEATH?				
1	210 ACCIDENT WAS UNDERLYING	7 216, TIME C	OF INJURY		121c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR			110		
	OR CONTRIBUTION CALIFFORM	ATH HOUR A.	M. MONTH DA	Y YEAR								
MEDICAL		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STA	ATE	
	220.1 certify that this hasp	270.1 certify that the classed alive an saw the deceased alive and saw the deceased alive ali										
4	226. SIGNATURE								22c. DATE	SIGNED	1	
	22d. PHYSICIAN'S NAME (TYPE O	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT)							1 (1	28/1	87	
1	THOMAS C	. HIL	1 JR Pine Ali			Blu	uff Rood, Salisbury, Md.					
2	234 BURIAL, CREMATION, REMOVAL	. 236. DATE			EMETERY OR CREA		23d LOCATION		COUNTY	STA	ATE	
L	burial	Dec. 2	1985 Hil	lcre	st Cemete	rv	Federalsh	ourg. (Carolin	ne. Mo		
2	14 FUNERAL DIRECTOR	1 Cober	PDRESA	0.0	47.0	250. DATE	REC'D. BY REGISTRAR	256 REGISTRA	-	URE	2.	

DHMH - 16 60M 7/84 (VRA 15, 4)

A CONTRACTOR OF THE PROPERTY O

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE	
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
T DECEASED NAME FIRST	MIDDLE	ŁAŚI	20 DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
Fre Fre	derick K.	DANIELS	NOVEMBER	1, 1985 - OGUSH
a. sex	4 RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
M	BIK	Afri 26 1919	66 YRS	ONTHS DAYS HOURS MIN
THE THE LACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
FIA	USH	WIDOWED DIVORCED	Wicomico	MD.
10 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Salisbury	Peninsula Gen		LABOYER	FARMS
USUAL RESIDENCE (IF NURSING HOME 136 COL		OWN 13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE	154,21830
4 FATHER'S NAME		15 MOTHER'S MAIDEN NA		
LINKNO	W N	FIRST	IA MIDDLE I	ANSOL
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES C	ARMED FORCES? 166 SOCIAL SE	35816 SUSIE TA	cor ASS. SAM	e AS Above
18 CAUSE OF DEATH (Enter	only one cause per line lar (a), (b),	and (cu)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY:	41 24 4		1 de ced
90 10 IMMEDI	ATE CAUSE (a)	Y POTHEN MICH		1 a ag
10/9	DUE TO, OR AS A CONSE	QUENCE OF		
Conditions, if any, which	((b) C	aronie brai	n Syndrow	untualy
gave rise to immediate cause (a), stating the	}		· ·	
underlying cause last	DUE TO, OR AS A CONSECUTION OF A CONSECU	neral 12 Al A	derio Sclevosis	
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVE	N IN PART IIa
o l				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RI I OR PART 2)
OR CONTRIBUTION CAUSE OF A				
LIF EITHER NOTIFY MEDICAL EXAMIN		19		
(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NOT WHILE AT WORK	The same of the sa	CS, FARM, CTC,		
	pital) ottended the deceased fra		2 to	9 65 that (I (we) last
saw the deceased plive of above, (1) (we) (did) (did)	nat) view he bady after death.	and that in (my) (aur) apinian	death accurred on the date and haur	and from the couses stated
22b. SIGNATURE		DEGREE		22c DATE SIGNED
Weller	a elle	2 ME PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	11-1-85
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 100	POWER STA	221
111110.0	K 13111	C CA.		1 210

231 NAME OF CEMETERY OF CREMATORY
Salisbury Crematory

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

Nould be detached for use with the State Dept. of Mer.

PORTANT II

TALLEY NEMORIAL Chapel

23a BURIA CREMATION

ADDRESS

25a DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Par Town & harmon

Frederick K. Delise St. Delise Color elk Apr. 26 1919 66 FIR USA LABORER FARMS Md Wicamico Helivon & 109 Howard St. Unknown Viola Dansel Tales Commercial Comme

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REC	GISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEAS	SED NAME FIRST Emma	L.	Deloatch Deloatch	Nov. 18, 1985	DAY YEAR 26 HOUR 2 P M
3 SEX	female	4 RACE black	5 DATE OF BIRTH MONTH Jan. 16. 19:20	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7a. BIRTHE	PLACE A STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COU	
Sali	Shury	(IF NOT IN SUCH FACILITY, GIVE STREET	ter Salisbury	12a USUAL OCCUPATION (TYRE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR INDUSTRY
13¢ STAT	Md. War	TOTHER INSTITUTION, GIVE RESIDENCE BEFORM 13 SITY OR TOTHER	VES NO NO	715 Sher	ODE 51, 21851
	Jack	MIDDLE Hasse	15. MOTHER'S MAIDE FIRST	* MIDDLE	Brenney
	DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 2/9.07.	981TY NO. 17 INFORMANT 0507 Sadie.	B. Hall Pocon	short st. /
18 0	PART I. DEATH WAS CAUSE	oly one cause per line for (a), (b), one DBY. TE CAUSE (a) 77 LILLE	ting mides	shasent Carre	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
90	onditions, if any, which ove rise to immediate use (a), stating the idenlying couse last	DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON			
	RT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1 0
CERTIFICATION 510	DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
W W	. INJURY OCCURRED MILE NOT WHILE NORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
220	sow the deceased alive on	tol) ottended the deceosed from 19 2 view the body ofter death.		onion death accurred on the date and	hour and from the couses stated
	Elsa M.			NG MEDICAL STAFF	1221. DATE SIGNED Nov. 18, 1985
22 d.	ELSA M	GORIS-		ad Center, P. O.	Box 2018, Salisbu
_5	AL, CREMATION, REMOVAL	11-23-85 (Brenney Cem	Chinco-e	194e Acc. STATUG.
	PAL DIRECTOR	Aprels	01 11 25	o. DATE REC'D. BY REGISTRAP 25b. RE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

service parers blace den in tois in Asia State of the control ALL TRACES AND THE STATE OF THE Land Was Mind D. Marie Sir Holder of the Notice State Nov. 16. dons come a lead forten . T. Fox 2018, Saltaneme

FOR STATE

definition from the secured within 24 hours often death. Page 4 may be appeared by position and completely filled in the finite director, page 3 months of the filled in the finite director, page 3 months of the death of the filled in the fi

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

IO FUNETAL DIRECTOR: After this centricate has been upred or the other hand be detached for use as the burial frontil permit. This produce meaning the state Dept. of Health and Mental Hygnes prior to be used to meaning MPORTANT; if then 21 is marked or litem 26 shows pary analysis other meaning.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTII	ICAIL OI DEATH	R	EG. NO.		
1. DECEASED NAME FIRST	٨	NIDDLE	L.	AST	20. DATE OF DEA	HINOM HTA	DAY YEAR	26. HOUR A
(TYPE OR PRINT) Annie	e Ma	ae D	ISHAR	OON	Nov.	11, 19	85	3:30 M
3. SEX	4. RACE		5. DATE C	FBIRTH YEAR	6. AGE (IN YEARS I	AST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Female	White	е	Aug	8,601/921 YEAR	64	YRS	MOAINS BATS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
Maryland	USA		WIDOWE		Wicomi	co		MD
10. CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS OR
Salisbury	Deer's	Head Cen	ter		Homema		Own H	lome
USUAL RESIDENCE (IF NURSING HOME COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / 7IP COI	DE	
	comico	Salisbu		YES X NO		hington		21801
14 FATHER'S NAME FIRST Grover	MIDDIE	Young		15. MOTHER'S MAIDEN NA/ FIRST Lena		DOLE	Mears	ī
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
(YES NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	217 16 9	526	G. Wayne Yo	ung, Sno	w Hill,	Marylar	nd
Conditions, if any, which gave rise to immediate cause (a), stofing the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OF	R AS A CONSEQUE	NCE OF	not related to the term	INAL DISEASE OR	CONDITION G		IMALE INTERVAL ONSET AND DEATH
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	195 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FINDI FIFYING CAUSES YES [
	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE	of injury in ITEM IE	3 PART (OR PART 2)	
OR CONTRIBUTING CAUSE OF DI USE EITHER NOTIFY MEDICAL EXAMIN OR CONTRIBUTING CAUSE OF DI USE EITHER NOTIFY MEDICAL EXAMIN OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI	21e PLACE (OF INJURY EET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	Cit	Y OR TOWN	COUNTY	STATE
220. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	n_//_	1/19	8.5., or	d that in (my) (aur) apinion of		the date and he		
E P A . 14	0	- 11.1	×	ATTENDING _	MEDICAL	STAFF		
22d PHYSICIAN'S NAME (TYPE	OR PRINTS	u /7 .	10-	PHYSICIAN _	DIRECTOR P	HYSICIAN [//-	-11-85
ELSA M	Goris	1215.		Deer's Head	Center;		ry, Md.	21801
23a BURIAL, CREMATION, REMOVA		,		EMETERY OR CREMATORY	23d LOCATIO)WN	COUNTY	STATE
Burial	11/1	$3/85\mid B$	ates	Methodist			Maryland	1
24 FUNERAL DIRECTOR		ADDRESS		The second secon	E REC'D. BY REGIS	STRAR 25b. REGI	STRAR'S SIGNAT	URE
Norman F. D	ennis	Sn	ow Hi	11, Md.NOV.1	5 115	Julia Davi	ton-Nana	

329050		FOR		D	STA EPARTMENT OF		IARYLAND I AND MENTAL	HYGIENE	5 2	0	1 0
0,00000		STATE REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE	OF DEATH	REG. NO.		
		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE	KNOWN X	MONTH DAY	Y YEAR 26 HOUR
ES SE F.	,,,,,	L OKINITY	JAMES			D	ORSEY	DEATH	MATED	11 17	7 19 85 A
PLEASE ECTOR. ? FILES. HOURS STREET,	3. SE)			DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHO			ER 24 HRS. 2c. DATE		MONTH DAY	Y YEAR 2d HOUR
O ZOUR		ale Bla	ick .	Feb.25,	1966 194			DEAD)	11 17	7 19 85 8:38
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	7a. BI	RTHPLACE ISTATE OR REIGN COUNTRY)	76	USA	AT COUNTRY?	8. MARR	ED NEVER MAI	RRIED L	MICO CO		FDEATH
25920//		TY OR TOWN OF DE	1	(IF NOT IN SUCH FAC	PITAL, NURSING HOM			FOR MOST OF WOR	PATION (TYPE OF	FWORK 12b K	KIND OF BUSINESS OR INDUSTRY
888	USUA	AL RESIDENCE (IF IN ME	MSING HOME OR O		a General :				La Contraction		arm work
FIRE SHOULD BE SHOULD BE IL RECORDS	_	Va.	ACCOM:	ack	ASSAWOM	n	134. INSIDE CITY LIMITS: YES NO [P.O.	Box 4	44	999
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TTER PER POSE OF THE PER PER PER PER PER PER PER PER PER PE	16a. V	VAS DECEASED EVER	R IN U.S. ARMEI	D FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	011,5	ADDRESS		
BALTING URS AFTER B S. GIVE PAG WITH FORW T. PAGES 1 DIVISION O	(Y	ES. NO, OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)	231-08-0	328	Dorothy	Shrieves	s Ass	awoma	
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TON ST 124 HO 11TEM 1 11ONG 1 PERMI 1 GENE, 2VAL.	1		IMMEDIATE (AS A CONSEQUENCE		berare (II	anagan	1-32-1		
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PRINTER IN THE PRINTE				(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERTFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALLONG W S. SHOULD BE USED AS A BURIAL. TRANSIT PREMIT, E. DEPARTMENT OF HEALTH AND MENTAL HYGENE, D. PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNER SIGNIFICAL	NT CONDITIONS CON	ITRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	AINAL DISEAS	E DR CONDITION GIVEN IN	PART 1 IO.			
VITAL RECOR SHOULD BE ED ORD "PENDIN CHIEF MEDIC E USED AS A T OF HEALTH I	MEDICAL CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPE	RATION W	'AS PERFORMED?			20	AUTOPSY?
F VITAL I	RTIF	210 EXTERNAL CAL	ICE WAY A C	21b. TIME OF	INTUIDV	121- 14	DW IN HIRV OCCUR	RED (ENTER NATURE OF IN			YES X NO
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ISION NG THE SHORT PRIOR	DIC	CONTRIBUTING			11-17- 198	5 SU	bject sho	t.			
DIVISION THIS CERTIFIC WARRED TO PAGE 3 SHOU TATE DEPART	¥	WHILE NOT	WHILE X		ory, FARM, ETC.) ldina		ntown Hal	1 Hornt	_	COUNTY	STATE VA
PI THIS (TTE, WRI DRWARE R: PAGE E STATE ID, 21201					ribed above, held an	Autop	[37]			in my apinian	7-25-1-
EXAMINER: CERTIFICATE ULD BE FOATE DIRECTOR: , WITH THE S MARYLAND,	3.7	death resulted from			[]	uicide	, Homicide X	Undetermined m		iii iiiy apiiiiaii	
EXAMI CERTIFI ULD BE DIRECT WARYL	7	Δ.	LA 1	1.	1		TITLE (SPECIFY)				
DICAL TETHE A SHOUNERAL DEATH,		SIGNATURE	AM	WX	1	N	D Assista	nt_medical exam	AINER	SIGNED 1	1-18-85
#3% 2 %6		EXAMINER'S NAME (TYPE OR PRINT)	Ann M	. Dixon,	M.D.		ADDRESS 111	Penn St.,	Balto.,	MD 2	21201
PAGE EXE	- 0	URIAL, CREMATION,			23c. NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	STATE
07/84 BP	E	urial	No	ov.23,19	985 Wha	rtor	[25a DA	Parks]	ey A	ccoma	ck, M.
AGGERAL STE	K	The E. M.	who	Ton ADDRESS	comac, Va.	2330		21 1985	The Best	一个	-
11/1/1	1	and the	W. I. F.						-		*

1.01. necessar acvalums (second accessor). ADV. 15. 15.05 Whereon Commence to the control of t TOSES, MY, ANGROUSE, PA, ADEDT

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED 11-4-85 shauld be deta FUNERAL SUITE 12 MEDICAL C LIFFORD M.D Ohon 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Sunnyridge Memorial Park Crisfield 11/6/85 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Bradshaw & Sons Crisfield. Md. 21817 - in see all all or (VRA 15, 4)

26 HOUR

12b. KIND OF BUSINESS OR INDUSTRY Retail Seafood

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

(21817)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 329092 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 26 HOUR 1. DECEASED NAME YPE OR PRINTS JOHN IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY) MONTH BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN Wicomico WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o)
PART I. DEATH WAS CAUSED BY: MINS IMMEDIATE CAUSE (a) mun Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 9n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify tha (1) this haspital) attended the deceased fram. 10 81 and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) we) (did) did not) view the bady after death DEGREE 22r. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION, REMOVAL DHMH - 16 50M 4/83 (VRA 15, 4)

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aut to the state of	
ARYLAND WEILESTON STOLD IN X 1300 RUCKET STO	M
ALFRED FUNNELL DAISEL DUTS	

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICAIE OF DEATH	REG. N	0.		
	CEASED NAME OR PRINT)	Fred	Godn	nan	EVANS	AST	Nov.	1985	DAY YEAR	1-50 AM
SE	Male		Cauca	asian	5. DATE C	29, 04907 YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
la:	RTHPLACE (STATEORS COUNTRY) ryland		U.S.A		WIDOWE		9. BALTIMORE CITY C	5		MD.
S	alisbury		Deer	"Head" Cen	ter	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Waterman	F WORKING L	IFE) INDUSTRY	ired
130. S 1a:	AL RESIDENCE (IF NURS TATE ryland	13b. COUN		Salisbu	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS Deers He			7184
		rice	Evans	LAST			ine Brads		LAS	it .
(VAS DECEASED EVER res. no or unknown) no		MED FORCES? E WAR OR DATES)	220-05-		a Harold Ev				aryland
	18 CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	ly ane cause per D BY: 'E CAUSE (a)	line for (a), (b), and	SC 1	UD				MATE INTERVAL ONSET AND DEATH
Z	Canditions, if any, gove rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN	nediote ng the last.	(b) DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE DIVITRIBUTING TO L	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GI	IVEN IN PART 1	a.
TIFICATION	19a DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
MEDICAL CERTIFICATION	?10. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
MEDI	21d. INJURY OCCUR	HILE	21e PLACE (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	220.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive an	_//-:	19_		nd that in (my) (our) opinian	death occurred an the d	ate and ha	ivi and fram the	
	27b. SIGNATURE	AAAE (VOOR)	100	n. 19.	n	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC		III. DATE	3-85
	K. Yoon,	M.D.				Deer's Head		Lisbw	ry, Md.	21801
/30 E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Church Cem., Burial Ewell Smith Island, Somerset, Md. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

EV 7007 ,05 can makenome 25, 1907 78

TOTAL DECEMBER 1990 TOTAL BC

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SEC-U-- 177s - srold dyade, Jaros Sason, Maryland

Marie sens states assistant and states

of teamers, postal with the person flag . FF 2.11

annev

- STATE REGISTRAR I. DECEASED NAME

STATE OF MARYLAND

DEDADTMENT	OF MEALTH	AND MENTAL	MYCIENE
DEL WELLINELLI	OL HENTIII	MUD MENIAL	HIGHENE
CE	DTIELCATE	OF DEATH	
CEI	KIIFICAIE	OF DEATH	

DEFAI	CERTIFICATE OF DEATH	REG. 1		1			
	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
RT	FOLLANGEE		16	5	PJ	PYY	
5. DATE OF BIRTH		6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UND	ERIYEAR	IF UNDER 24 HRS	
	MONTH DAY YEAR			MONTH!	DAYS	HOURS MIN.	

LIVPE OR PRINTA WALTUN ALBE 3. SEX

MIDDLE

76 CITIZEN OF WHAT COUNTRY

USA

BALTIMORE CITY OR COUNTY OF DEATH

7a. BIRTHPLACE I STATE OR FOREIGN West Virginia

MARRIED NEVER MARRIED WIDOWED

Wicomico 126 KIND OF BUSINESS OR 12a, USUAL OCCUPATION

O CITY OR TOWN OF DEATH Salisbury

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY retired Meteorologist

Maryland

SUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 131, CITY OR TOWN Worcester Pocomoke

13d. INSIDE CITY LIMITS? YESX NO 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE Market Street 913 21851

4 FATHER'S NAME FIRST James

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for io), (b), ondic

Follansbee Sara 17 INFORMANT

Pearson Market Street

160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES. NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! no

16h SOCIAL SECURITY NO.

-10-6152 Margaret Follansbee Pocomoke City. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O)

MSEQUENCE OF MELLON accident

MINIS

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause

DUE TO, OR AS A CONSCOUENCE OF

90 DATE OF OPERATION

CERTIFICATION

MEDICAL

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

CITY OR TOWN

NOT WHILE 22a. I certify that (his haspital) attended the deceased from

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

and that in ((our) opinion death accurred on the date and hour and from the causes stated

COUNTY

22h SIGNATURE

DEGREE 22e. ADDRES

23c NAME OF CEMETERY OR CREMATORY

211. LOCATION

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

STATE

23a. BURIAL, CREMATION, REMOVAL

sow the deceased olive on obove, (we) (vid) (did not) view the body ofter death

BP.

old be deta the State I

Hygien

24 FUNERAL DIRECTOR (VRA 15, 4)

Buria.

23b. DATE

Pocomoke City.

Creek Pres. Cem. Pocomoke Worcester Md 250, DATE REG'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PRESTON ST.,

DHMH - 16 60M 7/B4

The state of the s

A LOS BASSES FOR

erol director, page 3

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R	F	G	N	Ο.	

EAR	2b HOUR
5	2050
	IE LINIDED DAVIDS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR: IMPORTANT: If Hem BP.

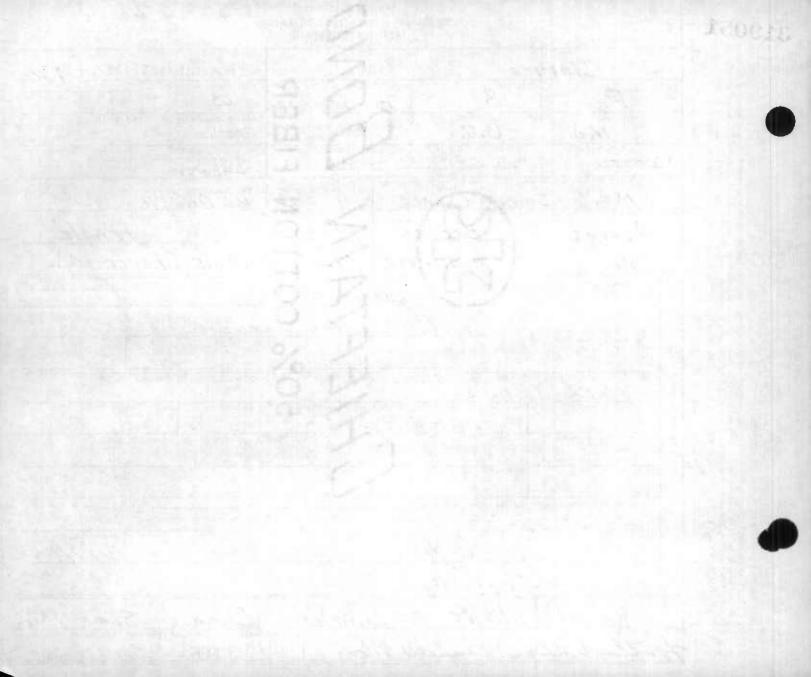
DHMH - 16 60M 7/B4 (VRA 15, 4)

, [EASED NAME FIRST	WIDDLE	l l	A51	2	a. DATE OF DEATH	YAO HIMON	YEAR	26 HOUR
1	[TYPE (Clari	CE	60	ale		Novemb	er 7.1	985	21520 M
1	3. SEX		I RACE	5. DATE C		6	AGE (IN YEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS
	1	F	B	MONTH 10		922	43	YRS		MOURS MIN.
1		THPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COUN	NTRY? 8	NEVER MARK	RIED	BALTIMORE CITY OF	COUNTY OF	DEATH	
2		Md.	U.S.	WIDOWE	D DIVOR	CED [Wicomico			MD.
	Sa	lisbury	Peninsula Ge	eneral Ho			20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF LABORER	WORKING LIFE)	2b. KIND O NDUSTRY	F BUSINESS OR
7	llo S		TY 13c. City OF			X	P.O. Box	ZIP CODE	21	1816
	1	GEORGE	BEC.	KETT	15. MOTHER'S MA	IDEN NAME	WIODLE	7.	EAG	IE
	160 W	ES, NO OR UJKNOWN) (IF YES, GIVE	war or dates) 16b SOCIAI 218-13	2-144Z	5tant	Ford	GALE-	Chanc	ET	nd.
4		18 CAUSE OF DEATH (Enter on)	y one couse per line for (o), I	b), and ic	1	-			BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	1 ///	du pul	monai	y a	roest			
	2.11			SEQUENCE OF			25 THE 22 PAGE		1-12	7.77
		Canditions, if any, which	DUE TO, OR AS A CON	Mille	eston	car	curr			
1		gove rise to immediate cause (a), stating the	10)							
		underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF						
1		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR COND	ITION GIVEN I	N PART 1:0	
	Z	dual 1	While	O TO BEATT DO.	NOT KEEKIED TO	THE TERMINA	AL DIGEAGE ON COND	,	IN PART TIC	
H	ATK	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	NAWAS PERFORME	D	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
4	FIC	0	Derdonas	le of not	er PA		YES TI NO TO	IN CERTIFYING	CAUSES	
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	THE TIME/OF INJURY	ca wa	Tale HOW INJURY	COCCURRED	YES NO VENTER NATURE OF INJUR		OP PART 2)	NO 🗌
		OR CONTRIBUTING CAUSE OF DEAT	Authorities for the Authorities	H DAY YEAR		O C C O MILL	CENTER MANUAL OF INSOR	111111111111111111111111111111111111111	04 7 44 7 2 7	
ā	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	19	211 LOCATION					
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM ETC)	STREET		CITY OR TOW	/N	COUNTY	STATE
	-	AT WORK	10 m 1 1 m 1 m 1	,						
1		22a. I certify that (I) (this haspit saw the deceased alive on				9de	oth occurred on the do			that (I) (we) lost
ı		obove, (I) (we) (did) (did not	view the body after death.		DEGREE	, opinion det		100101001		
		Weller	Mirchey	le m		NDING (CIAN (C)	MEDICAL STAF	AN 🗌	221. DATE	7/85
1		22d. PHYSICIAN'S NAME	Personal P		22e ADDRESS				-	
		WALTER	- Usefuel					21111		
		URIAL, CREMATION, REMOVAL	23b. DATE 10-	230 NAME OF C	EMETERY OR CREM	AATORY	23d. LOCATION	1	PINTY	STAN
		KULIAI	1/1/2/83	5T. C	nAF/ES	5	Chanc	E 3	om.	Md

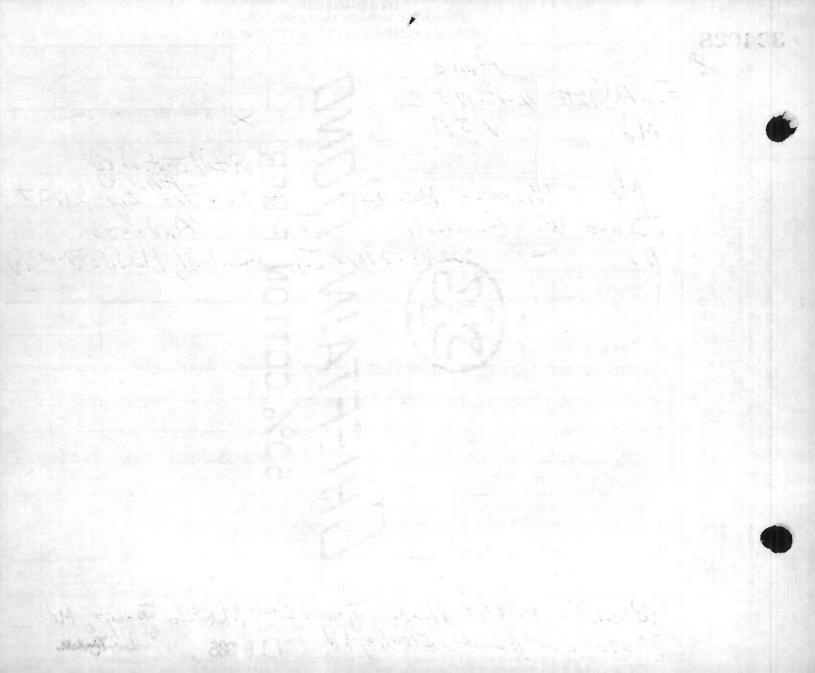
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NOV 1 3 1000

Par Tapidron Pondo 22.



	1.	FOR	DEPARTMENT	STATE OF MARYLAND T OF HEALTH AND MENTAL HY	GIENE 3 2	100
324028	1-	STATE REGISTRAR		MINER'S CERTIFICATE OF		
		CEASED NAME FIRST	MIDDLE	LÄST	20. DATE KNOWN K MO	NTH DAY YEAR 26 HOUR
TOR SELECTION OF THE SE	3 CE	LORI . 14 RACE	5. DATE OF BIRTH 6. AG	GAMBRILL E (IN YEARS IF UNDER 1 YR. IF UNDER 22	DEATH MATED 11	
DIRECTOR FOR TOTAL PROPERTY PROPINED TO NO STEEL	to	inte White		TOTAL PROPERTY OF THE PROPERTY	4 HRS. 2c. DATE MIN PRONOUNCED DEAD 11	12 1985 8:28
ECESSA INFRALL PREST	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	1	
IF ANY DELAY IS NECESSARY, PLEASE 8, AND 310 THE FUNREAL DIRECTOR. 3, RETAIN PAGE 5 FOR YOUR FILES. 5, SHOULD BE FILED WITHIN 72 HOURS 1, RECORDS, 201 W. PRESTON STREM,		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION IDRESS)	120 USUAL OCCUPATION (TYPE OF WO	ORK 12b KIND OF BUSINESS OR INDUSTRY
DELL 3 TO NR D BE SRDS,	USU.	AL RESIDENCE (IF IN NURSING HOME O	Peninsula General	ADMISSION)	May Descord	DI.
IF ANY DI S. AND 31 3. RETAIN SECORD		TATE 13b. COVN	Transco 130 CITY OF TO	VES NO	Box 7/6 Z	ip 21837
20 33.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	14. F	James W.	MIDDLE GZIM GIASI	JONES MAIDEN	NAME Mades	LAST
IS AFTER DE STATE OF	160.	WAS DECEASED EVER IN U.S. ARA	MED FORCES? VAR OR DATES) 168. SOCIAL SE 20-86	-7740 JNCE	Ston Gall Max	SUZ JOMPT
ST	2	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (,	APPROXIMATE INTERVAL BETWEEN DIOCET AND DEATH
TON I TEN HION HION I THER OVAL	1	8/50 IMMEDIAT	E CAUSE (a) 'I'NOTACO-	abdominal trauma		
WITHIN WITHIN WOLL IN INER A REANSIT TAL HY		Canditians, if any, which gave rise to immediate	(b)			The state
A PER V		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	ing as a beauty	
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L RECO ULD BE "PENDID ED AS A HEALTH	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		2D AUTOPSY?
MORD "F WORD "F HE CHIEF FOR OF H	A E					YES 🔀 NO 🗆
ON OF A THE WOULD B COULD B CO		216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b TIME OF INJURY HOUR AM MONTH DAY PEATH 7 P.M. 11-12-	~ - -	torcycle/fixed of	
CERTING DED TO PERCENTIAL PRICE	MEDICAL	214 INTURY OCCURRED	21e PLACE OF INJURY (ATH		CITY OR TOWN	COUNTY STATE
ISSA SE		WHILE NOT WHILE AT WORK	road	area.	so. of U.S.50,	
TO MEDICAL EXAMINES: TEXT OF THE PAGE A SHOULD BE FORM AFTER DEATH WITH THE SHOULD BE AFTER D	1		e of the remains described above, help all causes \square , Accident X ,		Undetermined manner .	ny opinian
EXAMPLE BOILD B	1	ACTUAL A	. 000	TITLE (SPECIFY)		
SHALE SHALE	1	SIGNATURE	Mygo		MEDICAL EXAMINER SK	ATE GNED 11-13-85
FIECUTE CONTRACTOR OF THE CONT		EXAMINER'S NAME Ann	M. Dixon, M.D.	ADDRESS 111 P	enn St., Balto.,	MD 21201
07/84 BP	236.8	BEMATION, REMOVAL 23	11/16/85 19 13 MANE	SELT TO WEMATORY COM	23d LOCATION CHI OF STOWN CHI OF STOWN COLZ TO	BG MI
25M DHMH - 17	11/	AL DIRECT /2	M. DARES L. P.V.	The Market	C'D. BY REGISTRAR 25b RHU TRAP	S SIGNATURE
(VR A15 ME (5))	4	Juneaux / PI	1) 301-) 41	NUV 1	8 1985 The mands	W-SCHOOL



STATE OF MAKILAND	0
DEPARTMENT OF HEALTH AND MENTAL F	
CERTIFICATE OF DEATH	

- STATE REGISTRAR				CERT	IFICA	TE OF I	PEATH	REG. I	NO.				
1. DECEASED NAME	FIRST	101	MIDDLE	-	LAST:	1.	- 50	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	
	VOF	+ /V	ARTHUR	6	1000	CN-	D. JK.		11	26	85	4:55	AM.
3. SEX	1	4 RACE		5 DAT	E OF BIF	RTH	/	6 AGE (IN YEARS LAST E	HRTHDAY}		DERIYEAR	IF UNDER	
		Y 3		MO	NTH	DAY	YEAR	100		MONT	15 DAYS	HOURS	MIN.
Male		N	egro	1		18	05	80	YRS				
To. BIRTHPLACE (STATE	OR FOREIGN	7b ⊂ITIZ	EN OF WHAT COUNTRY?	8 MARI	RIED 🛛	NEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF I	DEATH		
VIRGINIA		-	U.S.A.	WIDO	WED 🗌	DI	VORCED	W:	COMI	20			MD.
10 CITY OR TOWN OF	DEATH		ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET		E OR O	THER INS	TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			b. KIND C	F BUSINE	SS OR
HEBRON		OLI	O RAILROAD A'	VENU	E		1200	RETIRED-L	ABORE	ERIN	URSI	NG HC	DME
USUAL RESIDENCE (IF N	NURSING HOME OF		13c. CITY OR TOW			INICIDE	ITV LIANITED	13e STREET ADDRESS	/ 7ID CO	DE			7-1
MARYLAND	WICO		HEBRON	N		S 🗌	NO X	OLD RAILRO			BOX	177F/	/218
TA CATUEDIC MANAG					116	LLOTHED!	CALAIDENINIA	ME					

FIRST	WIDDLE	D = - · · · ·	FIRST	MIDDLE	Ciddono
George		Brown	Baine		Giddens
	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Le	vin Dashiell Ro
no		215-03-0159	John A. Giddens,	Jr. Hel	bron, Md. 21830
	H (Enter only ane cause per	lyre for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DE ATH W	AS CAUSED BY.	(arcinona	of colone un	il. lune	

PART I. DEATH WAS CAUSED	BY. CAUSE (a) Carcinoma	of colon with liver	BETWEEN ONSET AND DEATH
Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	thing metastases	6 mos
gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	A	20a AUTOPSY?	S OF DEATH?	
	2/6/82	bowel obstruction	n	YES NO	YES	NO 🗆
CAL CER	2 to ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	214 HOW INJURY OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
WEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE

AT TORK				
22a I certify that (1) (this hosp	ital) ottended the deceased from	5/3	1905 10 11/1	19.85 , that (1) (we) lo
saw the deceased alive on abave, (I) (we) (did) (did no	it) view the bady after death.	, and that in (my) (aur) apinian death accurred on the date and had	and from the causes stated
226. SIGNATURE	0	DEGREE		THE DATE SIGNED
X Prop -	1 de Don	740	ATTENDING MEDICAL STAFF	11/26/85

22e ADDRESS

226 PHYSICIAN'S NAME (TYPE OR PRINT)

William P. Sadler, M.						
LWILLIAM P. Sanier. M.	1.7.2.	11:	_ D	C11		ME
	- W T	Lilam	-	_5201	er.	
		THE RESERVE			-	

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 11/30/85 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
HEBRON

WICOMICO STATE MD.

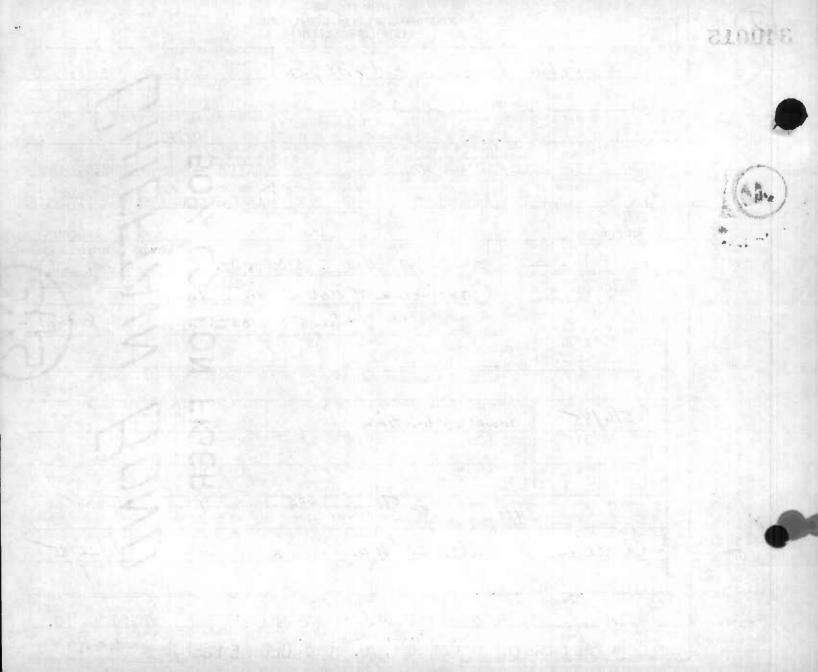
24 FUNERAL DIRECTOR JOLLEY MEMORIAL CHAPEL

NO.

SPRINGHILL MEMORY GDN

ADDRESS Rt.#2, Jersey RHS. DATE REC'D.
SALISBURY, MD. 21801 DEC

DHMH - 16 60M 7/B4 (VRA 15, 4)



m director, page 3

FOR STATE REGISTRAR

STATE OF MARYLAND

	•	INIE	VI 111	M11.1 P	MIND	(2)
EP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	KIIFI	CAIL	U	DEATH	

107.00					REG. NO.		
	EASED NAME FIRST	MIDDLE	d	rosky	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
(ITPE	Barry	Melvin	1	SASKY	11	28 85 1055 M	
3. SEX		1 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS	
J. JL7	Male		MONTH	DAY YEAR		MONTHS DAYS HOURS MIN.	
10	TYLLE	White	0:	3 08 1939	46 YRS		
	RTHPLACE STATE OR FOREIGN	b. CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	ennsylvania	U.S.A.	WIDOWE		Wicomico	MD.	
_	10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 K						
Sa	lisbury	Peninsula Ge	PARET ADDRESS	enital	(TYPE OF WORK FOR MOST OF WORKING		
	AL RESIDENCE (IF NURSING HOME OR			pricar	Medical Techno	ology Medical	
130 S	TATE 13b. COUN	TY 13c. CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE	
N	Maryland Wic	omico Sali	sbury	YES NO	107 Louise Av	enue 21801	
14 FA	THER'S NAME			15 MOTHER'S MAIDEN NA			
	Nathan C	David Gros	<v< td=""><td>Sara</td><td>MIDDLE</td><td>LAST</td></v<>	Sara	MIDDLE	LAST	
	AS DECEASED EVER IN U.S. ARA		L SECURITY NO	13 INIFORMANIT	ADDRESS .		
	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-32-2480	00	Ann Grosky (W	ife)	
	No	103		Same as #	3e ' `		
	18 CAUSE OF DEATH Enter and	y one cause per line for iol,	b) and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED	BY:	Cardia	(asystal	le		
20	IMMEDIAL	E CAUSE (a)		//			
		DUE TO, OR AS A CON	ISEQUENCE OF	to Interior	wall MI		
	Conditions, if any, which gave rise to immediate	(d)		- 1			
	cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		por 1		
20	underlying couse lost		1	oronay an	by disease		
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART I I a	
Z	Dia	beter fl	Mestons	ion Obesita	V		
CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED	
2	THE DATE OF GERATION	130. CONDITION TON	WITHEIT OF ERATIO	TO ASTERIOR OR THE		TIFYING CAUSES OF DEATH?	
T.					YES NO	YES NO	
Ü	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2}	
AL	OR CONTRIBUTING . CAUSE OF DEA	In the second	19	The later to			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION			
ME	WHILE NOT WHILE	(AT HOME STREET FACTORY	OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE	
1	AT WORK		711:		11/28		
	228 I certify that (I) (this hospit	ula c		. 19	, to	, that (I) (we) last	
3.1	sow the deceased alive on, abave, (1) (we) (did) folial and	view the trady little death	_19	id that in (my) (ar) apinian	death occurred an the date and h	naur and from the causes stated	
	226. SIGNATURE	10 and-		DEGREE		22c. DATE SIGNED	
	1.0	47	0	ATTENDING SHAPE	MEDICAL STAFF DIRECTOR PHYSICIAN	11/28/85	
	22d PHYSICIAN'S NAME (TYPE OF	PRMI		22e ADDRESS	DIRECTOR PHISICIAN	1/1/00	
	Bai		4		GHMC - So	alisbury, Maryland	
	IJAL	ACARW	17		anne.		
23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY CALL	
(SPECIFY) Burial	12/1/1985	Beth Isr	ael Cemetery	Salisbury, W	icomico, Maryland	

BP.

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove conwith the State Dept. of Health and Mental Hygrene prior to burial, crematian, or marked or Item 18 shows

ottending physicial

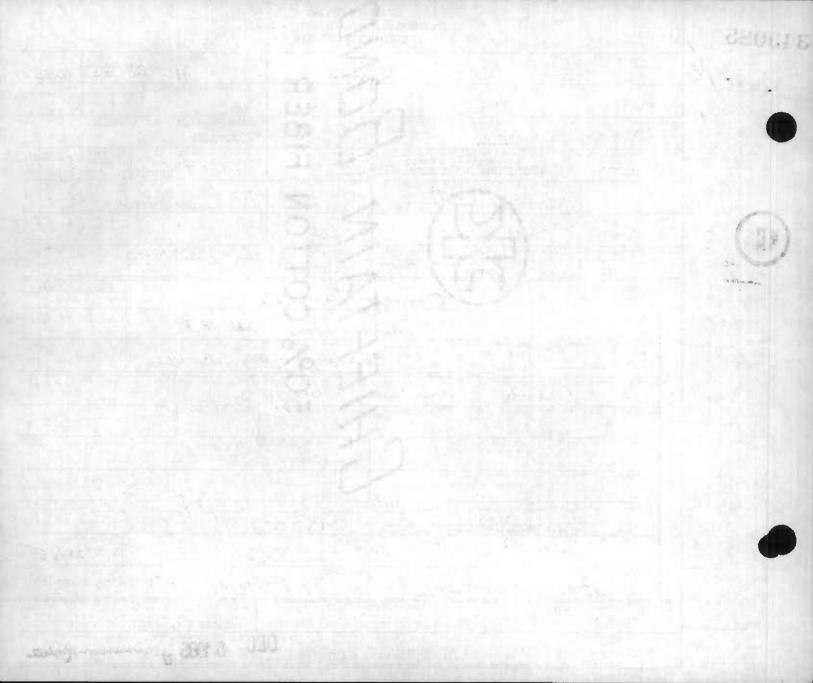
DHMH - 16 60M 7/84 (VRA 15, 4)

Bariar

wicomico, Marylana

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

250. DITHREGID. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



FOR

Rex

Virginia O CITY OR TOWN OF DEATH

Maryland

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (o), stating the

underlying cause last.

90. DATE OF OPERATION

21d. INJURY OCCURRED

WHILE NOT WHILE

21g. ACCIDENT WAS UNDERLYING

(IF FITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive on_

Salisbury

FATHER'S NAME

No

George

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

3 SEX

Vernon

4 RACE

Worcester

18 CAUSE OF DEATH Enter only one cause per line for 10, (b), and 10

220.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did not view the body after death

Ocean City

Hailey

218-01-8837A

166 SOCIAL SECURITY NO

DUE TO, OR AS A CONSEQUENCE OF

Brain Syndrome.

21e. PLACE OF INJURY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF	DEATH	R	EG. NO.			
WIDDLE	LAST	6.000	20. DATE OF DE	ATH MONTH	DAY YEAR	2b HOU	IR
non	Hailey		Novem 6 AGE (IN YEARS	ber 13	3 1985	053	25 M
RACE	5. DATE OF BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)			
Caucasian	06 25	1903	82	YRS	MONTHS DAYS	HOURS	MIN.
CHIELTON WHAT COOK	MARRIED NEVER	MARRIED -		ITY OR COUN	TY OF DEATH	77	
U.S.A.		NORCED [Wico	IIITGO	- 4		MD.
NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Peninsula Ger	ADDRESS)		12a USUAL OCC (TYPE OF WORK FOR brick		E INA DRY	hous hous er/op	ss or e era

410-14th St., 21842

Gun

Nancy S. Hailey, 410-14th St., Ocean

pulmonary disease

insufficiency.

20g AUTOPS

21842

80

CERTIFICATION

MEDICAL

DHMH - 16 60M 7/84

CHANDRASEKHARA 230 BURIAL, CREMATION, REMOVAL 11/15/85 Burial 24 FUNERAL DIRECTOR W. Kirk Burbage, 108 Wms St., Berlin, MD (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

DEGREE

MA

23d. LOCATION

Berlin Worcester

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

ardio pulmonary

AT HOME STREET FACTORY, OFFICE, FARM, ETC)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

211 LOCATION

YES X NO

Nancy

15. MOTHER'S MAIDEN NAME

City MD

renal

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING

MEDICAL PHYSICIAN PHYSICIAN 11-13-85

22c DATE SIGNED

Nash

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

22e ADDRESS

306. KAY AVE

SALISBURY

Mn 2/80/.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARMAND 21201

STATE OF MAKILAND									
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE								
CERTIFICATE OF DEATH									

1/	REGISTRAR			CENTIN	CAIL OI	PLAIN	R	EG. NO.				
	ECEASED NAME FIR	RST /	AIDDLE	U	AST		2a. DATE OF DE	ATH MOI	NTH	DAY YEAR	2 HQ	5555
1.00	Walt	ter	W.	H/	ALES		Novembe	r 29	,	1985	1	OPM
3. SE	X	4. RACE		5. DATE O			6 AGE (IN YEARS	LAST BIRTHDA	AY)	IF UNDER I YE		R Z4 HRS
	Male	White		Septe	ember	14,191	70)	YRS.	MONTHS	TS HOURS	MIN.
	IRTHPLACE (STATE OR FOREIG		WHAT COUNTRY	? 8	KI NEVED	MARRIED -	9 BALTIMORE	ITY OR C	OUNTY	OF DEATH		30 m
1	Maryland		5.A.	WIDOWE	D D	NORCED		ICOMI				MD.
	TTY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURS	ET ADDRESS)		NOITUTIT	12a USUAL OCC			E) INDUST		IESS OR
S	alisbury	Deer	's Head	Center	1		Logger			Tit	mber	
130	Maryland S	COUNTY merset	13t. CITY OR TO	WN Anr			13e.STREET ADD	RESS ZZI	Box	145	2185	3
14. E.	Norman	WIDDLE	LAST			'S MAIDEN NAA Sarah		Narga			LAST	
1		Douglas	Hales								ong	
	WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	YES GIVE WAS OR DATES)	217-1	6-9146	17 INFORM	^{ANT} Mr	s. Cathe	î îne d	Mari	e Hale	es (Wi	fe)
	18 CAUSE OF DEATH (E)	nter only one couse per	line for (o), (b), o	and (cut	,		0	,		BETWE	OXIMATE INT	ERVAL D DEATH
	PART I. DEATH WAS C	CAUSED BY:	avano	ma of	Ston	rach T	metast	asc	0	1/1	nonth	<u> </u>
		DUE TO O	R AS A CONSEQ	UENCE OF								
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which () (b)										
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
12	underlying couse lo	ost. (c)										
-	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OF	CONDIT	ION GIV	EN IN PART	110	
ě												
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATION	N WAS PERF	DRMED	YES NO		NCERTIF	S, WERE FIN FYING CAUS S []		ATH?
CER	210 ACCIDENT WAS UNDERLY	110110	F INJURY M. MONTH	DAY YEAR	21c. HOW II	VJURY OCCURR	ED (ENTER NATURE	OF INJURY IN	N ITEM 18 F	PART I OR PART	2)	
SAL SAL	OR CONTRIBUTING CAUSE	E OF DEATH		19								
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	FARM FIC I	211 LOCAT		CI	Y OR TOWN		COUNTY		STATE
>	AT WORK NOT WHILE						No.	777				
	220.1 certify that (1) (this				27			-29		19 05		(we) lost
	obove, (Live) (did) (live on	ofter death,	, on	d that in (my	opinion o	leoth occurred or	the date	ond hou	r ond from t	the couses s	toted
	22b. SIGNATURE	0	11	1	DEGREE	ATTENDING	MEDICAL	STAFF		22c D/	TE SIGNED	
	()(so A.	Hay			PHYSICIAN	DIRECTOR [NA	11/0	900	
		(TYPE OR PRINT)			22e ADDRE							001
-	In Ja	HWANG	M.D.				Center,		sbu	ry, Mo	1. 21	1801
	BURIAL, CREMATION, REM					CREMATORY	23d. LOCATIO	NWC		COUNTY		STATE
	Burial	12/3	/1985 (Olivet (emete		Salisb		_	mico,		land
24_F	UNERAL DIRECTOR	uneral Hom	A ADDRESS	Caliabo	m., A4-		REC'D. BY REGI	STRAR 25b.		RAR'S SIGN		nda 80
Lu	riollowdy F	onergi Hom	E, F.A.,	2011200	TA' IAIG	ryiding 1	Dro 2	500	18			

(VRA 15, 4)

DHMH - 16 60M 7/84

Halter . High Movember 9, 1985

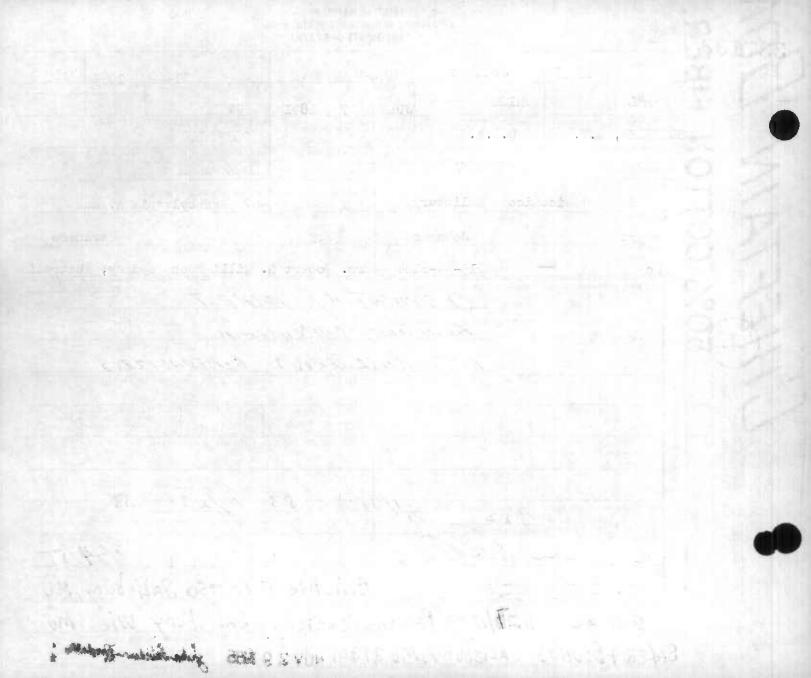
Croner asolesades

11 bury grant Late 1 tonnef

Just to Head Contest, Sali supply, Mr. 2809 .L. Sym M. S

And the second s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST



330088

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CERTIFICATE OF DEATH

	STATE REGISTRAR			CERTIFICATE OF DEATH				REG. NO.					
V		Cal	rrie	Este	lle		stings 11065		20. DATE OF DEATH	19,10	985	26. HOUR 4:5	SOFA
	3 SEX	Female		4 RACE White		S. DATE C	0/1894	6	90		IF UNDER 1 YEAR	HOURS	HRS MIN.
5	-	OUNTRY) hiton, Mary		76 CITIZEN OF V	VHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	7	BALTIMORE CITY O	RCOUNTY	OF DEATH		MD.
0	10 CI	ty or town of DEA lisbury		(IF NOT IN SUCH	OSPITAL, NURSI HFACILITY, GIVE STREE La Gener	T ADDRESS)	or other institution spital		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired Sea	F WORKING LIFE		F BUSINES	
34	13a. S	Maryland	13b. COUN		13c. CHY OR TOV Salisbur	WN	13d. Inside City Limits Yes \(\) NO \(\)		Box 260 Sc	zıp code alisbur			
1		THER'S NAME Benjan			LAST		IS. MOTHER'S MAIDEN Anna		WIDDLE		Dav		
		VAS DECEASED EVER		MED FORCES?	217-01		Same as #	liss 13e	Elizabeth	Hast			
		IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b)									BETWEEN C	MATE INTERV ONSET AND D	EATH .
	NO	gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	g the lost	((c)	R AS A CONSEOU		NOT RELATED TO THE 1	TERMIN	VAL DISEASE OR CONI	DITION GIVI	EN IN PART 110		
4	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S		?
9	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIT 21d. INJURY OCCURE	CAUSE OF DE	HOUR A./	M. MONTH D M. DEINJURY	19	216 HOW INJURY OC	CURRE	D (ENTER NATURE OF INJUR		ART 1 OR PART 2)	STA	17.6
<i>/</i>	W	while NOT WE AT WORK 220. I certify that (I) saw the decease abave, (I) (me) (c	(this borned alive an	tal) attended the	192	-11	nd that in (my) (our) api	\$5 inian de	, to	7	19.85	that (I) (⊯last ed
		226 PHYSICIAN'S N	ME (TYPE C		Dem	ich 1	22e ADDRESS	AN []	MEDICAL STAF		22c. DAJE	SIGNED 9/85	md
		SURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b DATE			EMETERY OR CREMATO	ORY	23d LOCATION	onsbur	ra Wicor	nico.	Md.
4		UNERAL DIRECTOR olloway Fu	neral				25a.	DATE	REC'D. BY REGISTRAR 2 2 1985	25b. REGIST	RAR'S SIGNATI	Mandel	Re.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MPORTANT: If hem 21 is marked or Item 18 shaws any injury, or other traumatic event, the

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. N	٧٥.			- Teigh
ŁAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
HOFFMAN		11	11	85	900

1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR					
EUG	ENE C.	HOFFMAN)	11 11 85	- 905 M				
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF UNDER 1 YE					
female	white	Feb. 9 1910	7	YRS.	TS HOURS MIN.				
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY	OR COUNTY OF DEATH					
Maryland	USA	WIDOWED X DIVORCED	_ LW1COm1CO		MD.				
10 CITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPA		OF BUSINESS OR				
Salisbury	Peninsula Gene	ral Hospital		Equipment					
UAL RESIDENCE (IF NURSING HOME), STATE	DROTHER INSTITUTION GIVE RESIDENCE BEF				000000				
	cester Pocomo			et Street	21851				
M. FATMER'S NAME		15 MOTHER'S MAIDEN	NAME	100 01000					
William	Hoffm	an Anna	MIDDLE	P	eregly				
160. WAS DECEASED EVER IN U.S. A				DECC.	nue				
(YES, NO OR UNKNOWN) (IF YES, C	216-07	-5674 Ronald He	offman Mill	ersville.	Md.21108				
-	only ane cause per ling far (a), (b),		JIImaii MIII		ROXIMATE INTERVAL EN ONSET AND DEATH				
PART I. DEATH WAS CAUS	SED BY:	lett 20 TB	Horn Muest	BEIWE	EN ONSET AND DEATH				
MMEDI	IMMEDIATE CAUSE (a)								
Canditions, if any, which	DUE TO, OR AS A CONSEC	musingly my	nelich						
gave rise to immediate cause (a), stating the	(b)								
underlying cause last.	DUE TO, OR AS A CONSEG	DUENCE OF		THE PARTY NAMED IN					
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR COL	NDITION GIVEN IN PART	110				
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED				
THE STATE OF THE S			YES T NOT	IN CERTIFYING CAUS	NO []				
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART	2)				
OR CONTRIBUTING CAUSE OF D	EAIR	DAY YEAR							
(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR I	OWN COUNTY	STATE				
WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC)	CITOK	,	JIMI				
220.1 certify that (I) (this has	pital) attended the deceased from	n	10 11	11 19 85	, that (l) (we) last				
saw the deceased alive above. (1) (mg) (did) (did)	an	45, and that in (my) (aur) apir	ian death accurred an the	date and have and fram t	the causes stated				
22b. SIGNATURE	4/	DEGREE			ATE SIGNED				
I IN B	en Gover	MD ATTENDIN PHYSICIAL		AFF ICIAN 111	11/85				
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS 10	POWER	STREET					
W BEN	HORNER	MD SAL	ISRURY	md. 21	801				

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

230 BURIAL, CREMATION, REMOVAL

23b. DATE /13/85 236 NAME OF CEMETERY OR CREMATORY

23d LOCATION

Baptist Cem. Pocomoke Worcester Md. 250. DATE REC'D. BY REGISTRAN SHEDISTRAN SIGNATURE. Pocomoke City, Md

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12 712 January design of the man and another the land

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.b. astanoro mionoco de dultoni durit PP/f1/11 ... Intega

216-07-507- Lanel Lanel Ciliare Line 10-018

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND

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FP	ARTMENT	OF HE	HTIA	AND	MENTAL	HYGIENE
						III OILIIL
	CE	RTIFI	CATE	OF	DEATH	

REG. NO.

DECEASED NAME	FIRST		MIDDLE	, / 1	AST	20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
(TYPE OR PRINT)	Patri	cia	Wallace	HUN	1M0/	Novem	ber K	38619	4:05 AM
). SEX	,	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	FUNDER I YEAR	IF UNDER 24 HRS
Fema	le	Whit			h 12, 1928	57	YRS	DATS DATS	HOURS MIN.
70. BIRTHPLACE (STATI	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
Virginia		US		WIDOWE		Wicomico			MD
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Salisbury	100 E		ula Gene		spital	Homemake	er		Home
USUAL RESIDENCE IN	NURSING HOME OR		GIVE RESIDENCE BEFO		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE		
Maryland		mico	Salisbu		YES NO	231 Canal	Park D	r. / 2	21801
4 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			NE	
Alton		MIDDLE	McCallis	ster	Ruth	WIDDIE	Wa	llace	51
160 WAS DECEASED E	VER IN U.S. AR		166 SOCIAL SEC		17 INFORMANT	ADDRI	SS		
(YES NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	220 26	3232	C. Donald H	Hummel, Sali	isbury,	Mary	Land
18 CAUSE OF D	EATH (Enter an	ly ane cause pe	r line far (a), (b),	and ic .				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DE AT	H WAS CAUSE	D BY: E CAUSE (a)	Metus	tatic	Breast	Gancen		2.	rears
E Process		DUE TO C	R AS A CONSEO	LIENCE OF					
Canditians, if	any, which	(6)	M 715 71 CO 7132 O	02.102.01					
gave rise ta)	R AS A CONSEO	LIENCE OF					
underlying co		100000	R AS A CONSEO	OUENCE OF					
PART 2 OTHER	SIGNIFICANTO	ONDITIONS	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1:	o.
190. DATE OF OPI	ERATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
#						YES T NOT	IN CERTIFY YES		OF DEATH?
210. ACCIDENT WAS	S UNDERLYING	216 TIME C	OF INJURY		21c HOW INJURY OCCUR				110
CA COLUMNIA TOLIC		THE STATE OF THE S	.м. монтн						
(IF EITHER NOTIFY 21d. INJURY OCC	MEDICAL EXAMINER		.M. OF INJURY	19	211 LOCATION				
	OKKED		REET, FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
WORK A	WORK			N.	1 // 63 /	1/200	. 0		
220 I certify tho	it (1) (this haspiteased alive an	ral) attended the	ne deceased from	0-	d that in (my) (sur) apinian	to Nov.	. 19		that # (we) last
abave, (I) (🛥	ਵ) (did) (did no	t) view the body	after death.			death accurred on the d	ate and haur o		
22b. SIGNATURE	-	N	7		DEGREE	MEDICAL STA		22¢ DATE	SIGNED
1	- 2		fact	- , '	n. O. ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	11/	18/85
224 PHYSICIAN	S NAME (TYPE O		,		22e ADDRESS	n(-,	~	
Dane	5 E.	Mar	tin, 1	m.O.	1300 5,6	Division o	1.,5	41.56	Ury, M.
230. BURIAL, CREMATIO	ON, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
Burial	J. 311E	11/21	1/85	Whatco	at Methodist	Snow H:	ill. Ma	aryland	STATE
24 FUNERAL DIRECTO	-	1 /	7 - 7			LE DEC'D BY DECISTON			

Snow Hill, Maryland 2

DHMH - 16 60M 7/B4 (VRA 15, 4)

Norman F. Dennis

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319172

STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

Holloway Funeral Home, P.A., Salisbury, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1		REGISTRAR				CENTIL	TEATE OF	DEATH	REG. NO.						
	1. DEC	EASED NAME the	FIRST	Pris	čilla	Hunti	agton	light in the light	20. DATE	OF DEATH	HINOM	DAY	YEAR	2b. HOL	
	1	ET	HEL		P.	Hund	ingto	N			11	6	85	84	AM
	3. SEX	Female	(C-91)	4. RACE		5. DATE C		YEAR	6. AGE	N YEARS LAST BI	RTHOAY	MONTHS	DAYS	HOURS	R 24 HRS
2	/			Whit	e	09	26 ~1	901	84		YRS.	5.1			
4		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	D NEVE	MARRIED -		NORE CITY		Y OF DE	ATH		
/	_	Maryland		U.S.A.		WIDOWI	DX	ONORCED [VICOM			-	- 1/1	MD.
1		TY OR TOWN OF DEA			HOSPITAL, NURSIN					ORK FOR MOST		FEI IND	KIND OF		
	-	SALISBURY			WALK		NUR	SING HO	ME	Seam	stress	Sh	nirt F	act	ory
Ä	15U A 30. S	L RESIDENCE (IF NURS TATE Aryland	136 COU	OTHER INSTITUTION OTY	13c CITY OR TOW	/N	13d. INSIDE	CITY LIMITS?	13e STREE	T ADDRESS	/ ZIP COD	E			
1			WIC	omico	Parsor	nsburg		NO 🗌		on Ro	bb		2184	-9	
7	H4) FA	THER'S NAME		MIDDLE	ŁAST			R'S MAIDEN NAM	ME	MIDDLE			LAST	ī	
V		King			avenor			tie		1000	500		yre		
		VAS DECEASED EVER		MED FORCES?	214-10		17. INFOR	Box 94	Benje Pars	amin N onsburg	. Hun	ting 21	ton (849	(Son))
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (o), (b), or	nd (c).)			7				APPROXIA BETWEEN C		
		PART I. DEATH W		D BY: E CAUSE (0)	Chnou	ic c	ona	stive	= >0	ulus	re		n	nos	
					R AS A GONSEOU	ENCE OF	1	,	9.	1					
	33	Conditions, if ony,		((b)_(anteni	USCL	rot	ie hear	nt c	1 1sec	re		4	rs	
		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, OI	R AS A CONSEOU	ENCE OF							- 1		
				(c)							1 A				
	z	PART 2. OTHER SIGN	1 -				7		IN AL DISE	ASE OR CON	IDITION GI	VEN IN	PART Ito) .	
9	CERTIFICATION	19a DATE OF OPERAL	- 4 -	10 V 00	TION FOR WHICH	a C		CORMED .	1 20a Al	JTOPSY?	Tonk IE VE	S WEDI	E FINDIN	ICC LICE	
1	FIC	DATE OF OFERA	11014	THE CONDI	INCIVIOR WINCH	OLKANO	IN WASTER	OKMED			IN CERTI	IFYING (CAUSES	OF DEA	TH?
1	ERT	210. ACCIDENT WAS UNE	DERLYING T	1 21b. TIME O	FINJURY		21c. HOW	INJURY OCCURR	YES L			ES D	PART 21	NO [
1		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D				15,416	THE OF THE	, ar we we mean re				
	MEDICAL	21d. INJURY OCCUR		21e PLACE		19	211 LOCA	ION							
	ME	WHILE NOT WH			EET, FACTORY, OFFICE,	FARM, ETC)	STR	ET		CITY OR TO)WN	CO	YTAU		STATE
		220.1 certify that (I)		tal) ottended th	e deceased from_	2	-22	10 85	to	11-	6	19 8	5	tho (I)	he) lost
		sow the decease		A .	and the same of th	85.0	nd that in @	y) (or) opinion o	death occu	rred an the d	ote and ha	ur and f	rom the	couses st	toted
		771 SIGNATURE	DIGUAGIO NO	new the body	otter death,		DEGREE			-		22	c. DATE S	SIGNED	_
		0	0	Sulh	alue	8 N	()	ATTENDING PHYSICIAN	MEDICA	OR PHYSI	FF		14-	-6.8	15
		THE PHYSICION STA					22 ADDR	ESS		E				100	
		Yohn (G. Bu	lkeley, M	I.D.		Pine	Bluff Ro	4. & 5	. Salis	bury E	Blvd.	Salis	sbury	,Md.
	23a B	URIAL, CREMATION,	REMOVAL		23c.	NAME OF C	EMETERY O	RCREMATORY		CATION		r.Our		4	STATE
		SPECIFY) Burial		11/8/1	985 J	lerusal	em Ch	urch Cer	meter	y Pars	onsbui	rg, V	Vicor	nico	,Md.
								25 - 5 4 70	F DEC(D D	V DE CICYDAE	lace proces	TO . D.O.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for us with the State Dept. of He

MPORTANT: If Hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

certificate

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

P	F	G	N	0

		REGISTRAR		REG. NO.					10.					
		CEASED NAME FIRST	WIDDLE	i.	AST	20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOL	IR			
	(IANE	ORPRINT) Jennie		Ja	acobs		11	28	85	11"	AM			
-	3. SEX		RACE	5. DATE C)F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER		IF UNDER				
)	female	negro	WOJIH	î^1 1888°	97	YRS.	MONTHS	DAYS	HOURS	MIN			
-		RTHPLACE (STATE OR FOREIG 76	CITIZEN OF WHAT COUNTRY?	8 AAAAAAA	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DE	ATH					
7		Md.	1 USA	WIDOWE	DIVORCED [Wicom		1			MD.			
1	S		Deer Shrhead Cen		21801	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING L		KIND OF USTRY	stic	ESS OR			
5	I3u. S	AL RESIDENCE (IF NURSING THE COUNTY SOM	1 1		13d INSIDE CITY LIMITS?	DE	2	180	11					
2	14 FA	THER'S NAME	EKSCHI-IIIWEICH	Y	15. MOTHER'S MAIDEN NAM	NE DOX65			3.7	, 0				
1		UNKNOWN MIDE		441	FIRSTUNK	NO NI NIDDLE			LAST					
2		VAS DECEASED EVER IN U.S. ARMET		RITY NO.	Sireynold - L	Deeps Hend	92+	ate,	Cei	NTE	R			
			p(12-90-7	200	SANdy'	SALISBURY	MO	2/8		VV MATERIAL	Divat			
		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	ine cause per line for (a), (b), and	IC .				88	TWEEN	MATE INTE	DEATH			
	-	IMMEDIATE CAUSE (0) ASCV 13.												
		DUE TO, OR AS A CONSEQUENCE OF 1 35 197												
		Conditions, if any, which (b) Advanced age (1/4%)												
		gove rise to immediate couse (a), stating the												
		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF												
		PART 2 OTHER SIGNIFICANT CON	IVEN IN P	ART 110										
	NO.													
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?								
	TE					YES NOT		res 🗍	AUSES	NO [_			
/	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	7 10	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR I	PART 2)					
7		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA											
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION									
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TOV	VN.	COL	JNTY		STATE			
		22a.1 certify that (1) (this haspital)	attended the deceased fram_	4-	26 19 76		8	. 19_8	5	that (I) (we) lost			
П		saw the deceased plive an abave, (1) (we) (did) (did nat) vi	19	, ar	nd that in (my) (our) apinian d	leath occurred an the da	te and ha	or and fr	am the c	causes st	ated			
H	9	226 SIGNATURE	ew me body direr deom.		DEGREE					SIGNED				
		M- Shu	estles.		MD ATTENDING PHYSICIAN	MEDICAL STAF			11-2	.8.	35			
1		Dr. M. Shres	1N1) + h o		22e ADDRESS	PUNE TUE								
		DI • III DIII'es	una		Deer's Head	Center, Sal	lisbu	ry,	Md 2	2180	1			
	23a B	SURIAL, CREMATION, REMOVAL	236. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION								
	1	BURIAL	12-6-85 GR	EN A	yes Mem Park	SALISHIPL	, W.	CAM	ico	/	Id.			
		JNERAL DIRECTOR	R+, #2	Jer	CURA DETAIL	- IIIIII	STI REGIS	TRAP'S S	GRATU	URE				
	T	SIME / MENON	1 Chan I ADDRESS	1	7111	0 11000	,	1 10000	- Store	DE STATE OF THE PARTY OF THE PA				

DHMH - 16 60M 7/84 (VRA 15, 4)

JOITEY MEMORIAL CHADEL

BP

should be detached for use as the burial-transit permit. Then please remove carbon appets. With the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

with the Stare Uspir or not have a list marked or Hem 18 shows any IMPORTANT: If Hem 21 is marked or Hem 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or ottending physician.

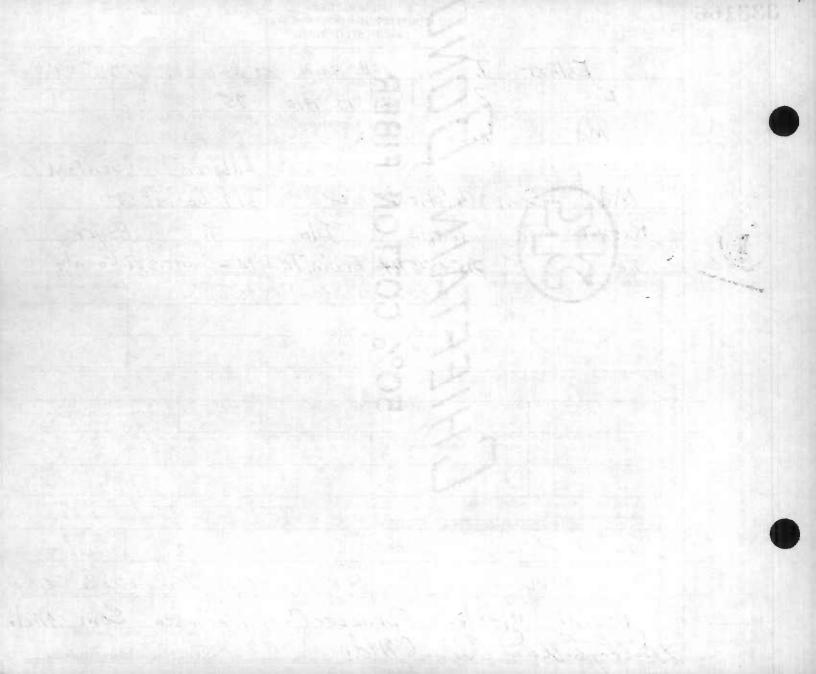
injury, or other troumotic event, the

early many a rare, although, at state of

		1.	FOR	DEPARTM	STATE OF MENT OF HEALTH	ARYLAND AND MENTAL P	RGIENE 3	2/	1/	
		1-	STATE REGISTRAR	MEDICAL EX			EDEATH	, NO.		
322	2124		CEASED NAME FIRST	WIDDLE		LAST	20 DATE KNOWN		DAY YEAR	2b HOUR
	2000	1	Romeo	Alexander		James	OF ESTI- DEATH MATED	🕏 x 10	311985	N
	A STATE OF THE STA	3. SE		5. DATE OF BIRTH NONTH DAY YEAR	AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	DER I YR. IF UNDER	24 HRS. 24 DATE	MONTH	DAY YEAR	2d. HOUR
	ON STORE	I	Male Black	3 26 31	54 YRS.	DATS HOURS	DEAD	10 3	1 1700	1600
-	ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSE	70. B	RTHPLACE (STATE OR PREICH POUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRI	ED NEVER MARR	BALTIMORE CIT		OF DEATH	
	ASE SOL		DDAGA YVI	UDH	WIDOW			comico	L VILID OF BUIL	MD
	A HARE		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME, OR OTHI		124 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK	OR INDUSTR	Y
	DO NEW TO	-	Eden AL RESIDENCE (IF IN NURSING HOME O	Rt1, Box 255	FORE ADMISSION)	Road	LADOY	JR.	THYIN	2
730	ANN	130 5	My, IBb. COUN	Gomico SA	15 burd	13d. INSIDE CITY LIMITS? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	13e. STAFET ADDRESS	x 255°	Allen	RH
(1)	HE SERVICE STATE OF THE SERVIC	14. F	ATHER'S NAME FIRST SPACK	MIDDLE Wills	ON	15. MOTHER'S MAIDE	NAME MIDDLE	Vy	1 MEST	57
MALTIN	JAS AFTER B. GIVE PAC WITH FOR T. PACES DIVISION		VAS DECEASED EVER IN U.S. AR. (IF YES, GIVE	MED FORCES? 16b. SOCIA	L SECURITY NO.	Pobeit	L. PAYKER	Frui	7XST	Z Mb
ST.	MA 18 KM 18 KM 18 KM 1. NE, DIR		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ily ane cause per line far (a), (b), a D BY:		sorder			APPROXIMATE I	AND DEATH
ON	ITEN ITEN ION PER GIEN		IMMEDIA	TE CAUSE (a) DUE TO, OR AS A CONSE		rearres			year	cs
PRESTON ST	ENCIL IN ITE MINER ALOF TRANSIT PEI ENTAL HYGIE OR REMOVA		Canditians, if any, which							
3	ED WITH PENCIL AMINER I-TRAN AENTAL I, OR RE/		gave rise to immediate cause (a) stating the under- lying cause last.		QUENCE OF					165
5, 201	SCUTE NO A TION		BIRT A STUFF CICHICICINY CONSTITUTE	(c)						
RECORDS	JULD BE EXECUTED "PENDING" IN PREPIOR EXAMEDICAL EXPENDING TO THE STREMATION (CLEMATION) (CLEMATION)	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED) TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	RT j (g)			
	PENDING MEDING M	Ĭ	19a. DATÉ OF OPERATION	196. CONDITION FOR WI	HICH OPERATION W	AS PERFORMED?			20 AUTOPSY?	
VITAL	WORD "PE WORD "PE E CHIEF A BE USED A BUT OF HE	I	10						YES 🗍	NO X
0	AEN BENEFIT	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 1B PART 1 OR PART	2)	
NO.	F C C S A C	NO.	CONTRIBUTING CAUSE OF	DEATH P.M.	19	ATION				
DIVISION	S CE RETI	MEG	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.		TREET	CITY OR TOWN	COUNT	TY	STATE
			226. I certify that I taak charg	ge af the remains described abave	, held an Autaps	y , Inspection	n X, Inquiry X,	and in my apini	ion	
	EXAMINE CERTIFICA JLD BE FC DIRECTOI WITH THI		death resulted fram: Natu	ral causes 🗓 , Accident	, Suicide	, Hamicide .	Undetermined manner],		
	ICAL EXAMINER: THE CERTIFICATE SHOULD BE FOR ERAL DIRECTOR: EATH, WITH THE S DRE, MARYLAND,		ACTUAL \	5 B		TITLE (SPECIFY)		DATE	10-3	1_85
	SHOULE THE SHOULE SHOULE THE CALL BEATH, NORE, A	1	SIGNATURE	Co Juli	sury "	Deputy	MEDICAL EXAMINER	SIGNED.	10-7	1-0)
	THE THE THE	1	EXAMINER'S NAME	n T. Bulkeler	z. M.D.	ADDRESS Sal	isbury. Man	ryland		
	5985 A8	23a B	URIAL, CREMATION, REMOVAL			RCREMATORY	23d LOCATION	COUNTY	STA	ATE -
07/B4 25M	BP		BURIAL	11-5-85 54	CINGHI	Men. G	HBBYON	Wil	D. 1	22.
Zəm	DHMH - 17 (VR A1S ME (S))	24 F	Wolley Memor	TAL Chapel	RH#21	CISCUSO NO	REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIG	. Sich . B. one	-

- 15/1 - 1 1/1 - 1/3/2 wat, for the Miles were developed to the sea The MORNIE SHIP SHOTE IN THE BOX SESTIMATED SHEA ELIKON FINALES STABLE WELLEY FRIEND TO THE SELECTION OF THE SE The state of the s

333166		FOR	2.70	STATE OF MARYLAND	රී ට	52/10
	1 -	STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
y be age 3 death	(TAPE	ORPRINT) Esth		JOHNSON	NOVEMB	ER 21 1985 U930M
ge 4 may be ector, page 3 rs after death	3. SE.	F	1 RACE B	5. DATE OF BIRTH MONTH DAY YEAR 13 1910	6. AGE LIN YEARS LAST BIRT	HDAY) FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
nerol direction of the Popularies		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O Wicomi	CO MD.
offer de		alisbury	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST O	
24 hours	USU		OTHER INSTITUTION GIVE RESIDENCE BE		13e STREET ADDRESS	ZIP CODE 2/8/1/
Applement on State of)4 F/	RABECT	MIDDLE TEAST	15 MOTHER'S MAIDEN NA LAGA	MIDDLE	BOYET
a dicolor		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIALS VE WAR OR DATES) 215-05	ECURITY NO 17 INFORMANT -5714 ECUIN TEX	Agle - Son	nerset County
a physical on papers emana		PART I. DEATH WAS CAUSE	nly one couse per line for 10), (b) ED BY TE CAUSE (0)	corregue of AK	ReesT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
th cert		MAMEDIA	DUE TO, OR AS A CONSE	OUENCE OF		
to the deaby the otte		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF		
equires the signed Then pleated to burnal injury, an in	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1101
os beer os beer os prior os prior os os prior os	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \qq \qua
SICIAN: The g physician g physician certificate h rial-transit p ental Hygier Item 18 shay		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
IG PHYSIC attending ter this cer ts the burio	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	211 LOCATION ICE, FARM. ETC.) STREET	CITY OR TO	WN COUNTY STATE
rrendin ord or TOR. Aft for use or of Health		220.1 certify that (I) (this hasp	ital) attended the deceased from		death occurred on the de	, 19, that (II (we) last ate and hour and from the couses stated
y the hosp y the hosp Aat DIRECT detached f detached f ii. If them 2		Paul RJ	lewy	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 11/2/85
HOSPI) ined b FUNE old be old be ORTAN		PAUCR FL	eury	305 Ten	th ST F	Pocomole Citmo
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	11/26/85	230. NAME OF CEMETERY OR CREMATORY		seo Som Ma
DHMH - 16 60M 7/84	6	UNEMAL DIRECTOR	1 O APPRE		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



and cor

TO FUNETAL DIRECTOR: After this certificate has been signed by the ottending physician diadates included to use as the busial-transit permit. Then please remave corbonpopers Parties in the SET. Dept of Health and Mental Hygiene prior to burial, cremation, or removal MPORIAT. If them 21 is marked at them 18 shows ony injury, or other traumotic event, the littless

STATE OF MARYLAND

MENTAL HYGIENE

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RT	IFIC	ATE	OF	DEATH		DEC. 4

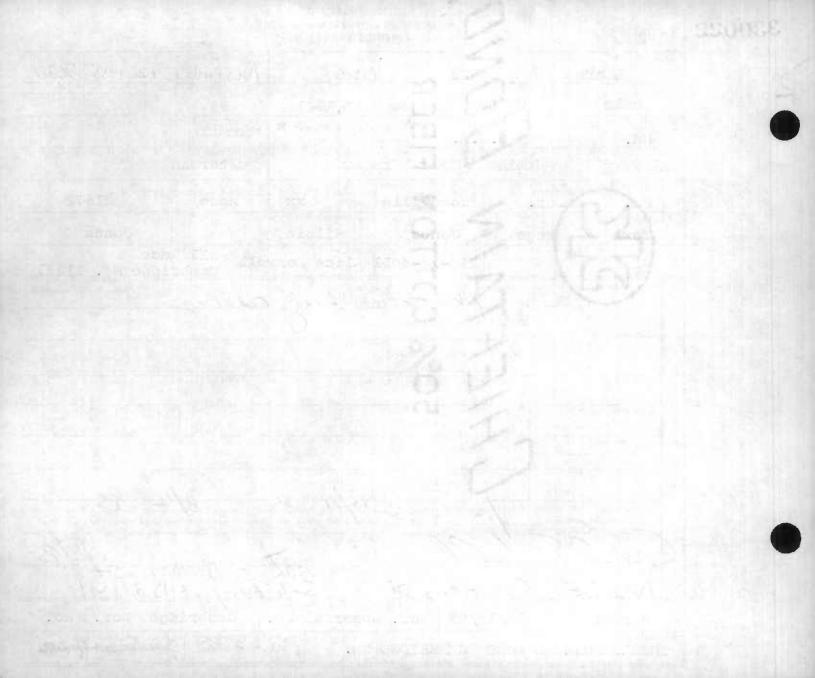
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	1 DÉCEASED NAME	FIRST	MIDDLE	LAST
m E	Title OK SKIMI			

	WE 0 10 1111 III				RE	G. NO.				
	DECEASED NAME FIRST	WIDDLE	4	LAST	20 DATE OF DEA	HINOM HT	DAY	YEAR	26 HOL	JR .
1.	LLOYD	TAWES		mes	Noven	aber 1	12 1	785	700	20
3. 9	SEX	4 RACE	5. DATE O	V	6. AGE (IN YEARS L	AST BIRTHDAY)		RIYEAR	IF UNDER	24 HRS
	male	white	MONTH	T TO TO TEAR	64		MONTHS	DAYS	HOURS	MIN.
1	/		Sept	12,1921		YR:				
12	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE C Wicomic		NTY OF DE	ATH		
1	Md.	U.S.A.	WIDOWE		WICCILLO	O				MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			120 USUAL OCC				F BUSINI	ESS OR
18	Salisbury	Peninsula Gene	ral Ho	spital	(TYPE Water	.man	G LIFE) INL	USTRY		
l dis	DUAL RESIDENCE HE NUR HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)							
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1		r. Toda	ATTTE	YES NO		-		210	16	
籽	FATHER'S NAME FIRST	MIDDIELAST		15 MOTHER'S MAIDEN NAM	ME	DLE	-	IAS	ī	
X	Earl P	age Jon	es	Wilsie			90	neŝ		
160	WAS DECEASED EVER IN U.S. AF			17 INFORMANT	81	3 Rac	0		-	
1	(YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES) 214-1	8-445]	Alice Foxy	70	ambrid		51	216	13
-					0.0	INIOL LO			MATE INTE	
1	PART I. DEATH WAS CAUSE		1.1.	. /				BETWEEN	ONSET AND	DEATH
	IMMEDIA	TE CAUSE (0)	5/47/0	e Lung	Cancy	1				
		DUE TO, OR AS A CONSEC	QUENCE OF							
	Conditions, if any, which	(ıb)								
	gove rise to immediate cause io), stating the	DUE TO, OR AS A CONSEC	DUENCE OF							
K	underlying cause last	DOE TO, ON AS A CONSEC	302,102 01				1			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PART 1		
Z							011211	· rikt tr		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY	20h IF	YES, WERI	FEINDIN	IGS LISE	0
1 2	The Brite of Creaming	1,0 00,00,00,00,00,00		THE OWNER		IN CER	RTIFYING		OF DEAT	TH?
= =					YES NO		YES _		NO [
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM	18 PART I OR	PART 2)		
A	LIF EITHER NOTIFY MEDICAL EXAMINE		19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	444	ide folishe a		UNTY		STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFIC	E FARM, ETC)	STREET		1	(0	UNIT		STATE
Ш		ital) attended he deceased from		10/21 10 85	- 14	11/12	10 8	5	al a di f	
	sow the deceased glive or	61//2	X	nd that in (my) (our) opinion (denth occurred on	the date and	-, 17 <u>-</u>	non the	inor (II (we) 1051
	above, (1) (we) did (did no	of view the body ofter death.			deom occurred on	ille-dole ond i			-	breo
1	726 SIGNATURE	1/11		DEGREE	/MEDICAL	CTAFF	22	DATE	GNED	-
1	May 1	. / 1	- /	PHYSICIAN D	DIRECTOR P	STAFF HYSICIAN		11/	12/8	5
1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		120 ADDRESS 1300	5.0	1215101	no	7	1	
П	DAMOF	COUALL.	CML	5-1	Ebrens	MI	211	68	1	
22.	BURIAL, CREMATION, REMOVAL		NAMEOFO	EMETERY OR CREMATORY	123d LOCATION	1000	V./		-	_
130	SPEGE Burial			Memorial Pk		bridge	S CPYP	or.	Md	TATE
		11/13/03	DOT . 1							
24	FUNERAL DIRECTOR	T TIONET O BARRIES	DIDAR	250 DAT	E REC.DOBY 05 CIE	HAR 25b REG	a David	SIGNAT	DA .	40
	THOMAS FUNERA	L HOME CAMB	RIDGE	MD.		14 1000	ment		7	

certificate be executed within 24 haurs offer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death retained by the hospital or ottending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)



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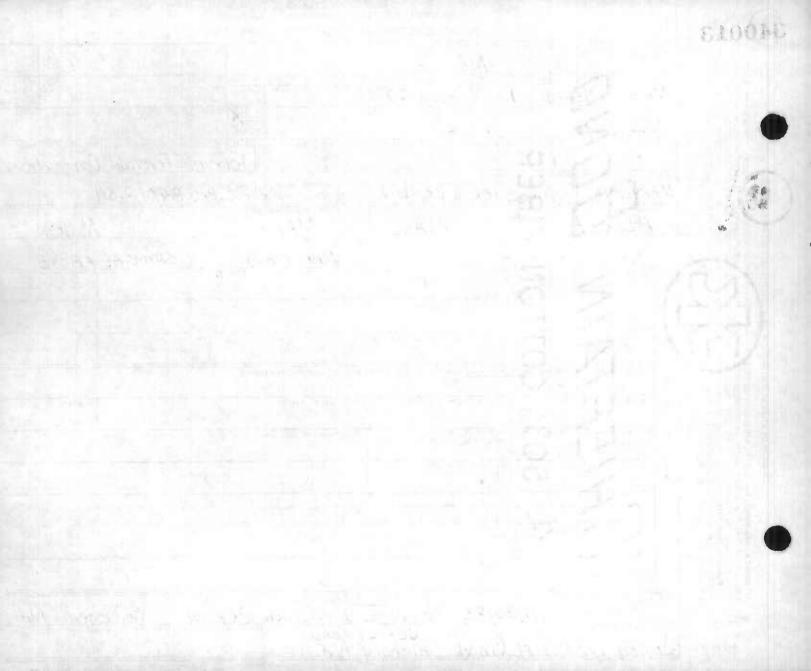
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

۱	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.		
		CEASED NAME OR PRINT)	FIRST Will	liam "	Kusnir	ak	LAST	Nov. 6, 19		DAY YEAR	1:50 p _M 1
	3. SEX	male		4. RACE white		5. DATE C	an. 20, 1910	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	P	RTHPLACE (STATE OR COUNTRY) ennsylvania	1	U.	S.A.	WIDOW		9 BALTIMORE CITY OF WICOMICO			MD.
1	Sa	ty or town of de.		Deer's	Head Cent	er,	Salisbury, MD	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Maintain	WORKING LIF	176. KIND C INDUSTRY	OF BUSINESS OR
9	lla S	AL RESIDENCE (IF NUR Maryland	136 COUL	Vicomico	Salisbur	N	13d. INSIDE CITY LIMITS? YES NO	32 Devons	zip cobe	rive 2	21801
1		Michael		WIDDIE	Kusniro		Martha	WIDDLE			scura
		VAS DECEASED EVER		MED FORCES? /E WAR OR DATES)	165 SOCIAL SECU 167-07-7		17 INFORMANT Mr. W 32 Devonshire	illiam M. Ya Drive, Salis	scko bury,	(Nephe Md. 21	801
	7	Conditions, if ony gove rise to im couse (a), statiunderlying cause									
>	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20e AUTOPSY? YES NO	IN CERTIF	S, WERE FINDII YING CAUSES S	
1	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	CAUSE OF DE	HOUR A./ R) P./ 21e. PLACE (M. MONTH DA M.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE
		22a.1 certify that	(this hosp	view the body	deceased from_ 6 19_ after death.	77.5	8-84 , 19 nd that in (My) (our) opinion of DEGREE	, to 11-6 deoth occurred on the do	ote and hou		
	170072	274 PHYSICIAN'S N	. (Tan. M.	8. TW		ATTENDING PHYSICIAN PHYSIC	MEDICAL STAF		CV MD	21801
		BURIAL, CREMATION BURIO			1/1985 G	reek	Catholic Ceme	tery Sykesvil	le, Je	fferson,	
		Holloway F	uneral	Home, I	P.A., Salis	sbury,	Maryland No. DAT	REC'D. BY REGISTRAR	25b. REGIST		TURE

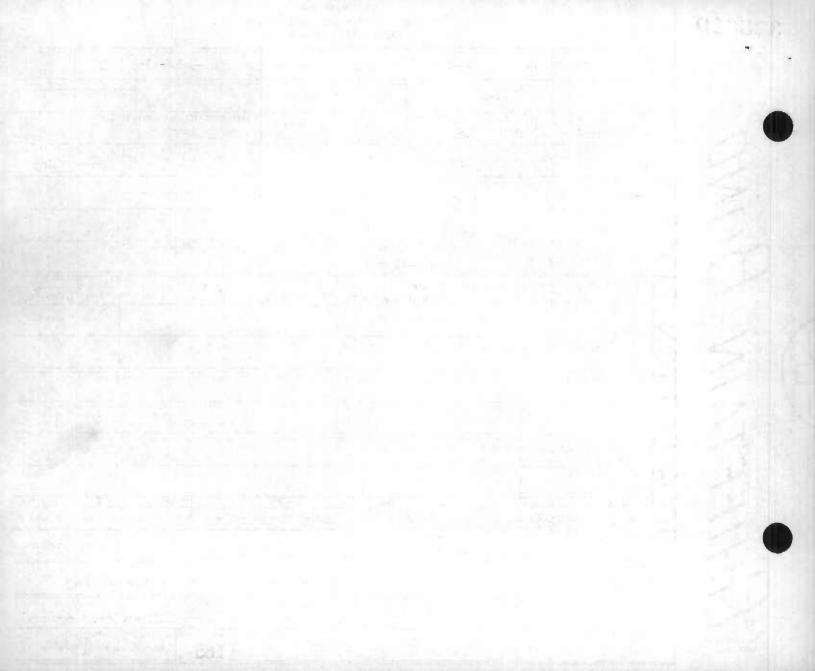
DHMH - 16 50M 4/83 (VRA 15, 4) ALC OZIZ GARTINI AND SET IN MARTINI AND SET IN MART bolacol .

	1.	FOR	1	EPARTME	NT OF HEALT	H AND MENTAL I	NYGIENE	5 2	3	2 1	
340012	1-	STATE REGISTRAR	MEI	DICAL EX			OF DEATH	DEC NO			
430012		CEASED NAME FIRST		MIDDLE		LAST		REG. NO.	MONTH	DAY YEAR	2b. HOUR
# W W & C E	(TYF	e or print) Kevin	MA	URICE	T.s	and	O	F ESTI- TH MATED	11/	26% 85	
LEAS TOPINE PILES	3 SE		5. DATE OF BIRTH			INDER 1 YR. IF UNDER		ATE	MONTH	DAY YEAR	773
Z F ST	N	ALE NEGED	MONTH DAY	YEAR	LAST BIRTHDAY) MON		MIN. PRONC	DUNCED	11/	26/, 85	10:04
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NECESSARY, PLEASE LINERAL DIRECTOR. FOR YOUR FILES. WITHIN TO PHOURS MEETON STREET,		REIGN COUNTRY	116	A	MAR	RIED NEVER MARE	RIED 🔼	_			
	1 / C	TY OR TOWN OF DEATH	U.J.	H.		WED DIVOR	AAT	COMICO C			MD.
SHARES STATES	V	IT ON TOWN OF DEATH	(IF NOT IN SUCH FA			HER INSTITUTION	FOR MOST OF		F WORK	OR INDUST	
B65票6) 二	CIET	Salisbury AL RESIDENCE (# IN NORSING HOME O			ral Hosp	ital	IGDOR	er-toren	nan 1	construc	HON
5 33357Z	13e, S	TATE TRYLAND WO	OR OTHER INSTITUTION, GI	13 OFTY OF	ICWN	134 INSIDE CITY LIMITS?		DRESS 10 /	2.01		
化工作规模			<u>rcester</u>	DEK	LIN	YES NO	P.O.BO	X34810	21811		
13.00	14. E	THER'S NAME	MIDDLE	A LAS		15 MOTHER'S MAID	EN NAME	WIDDLE	4	A / LAST	
1 250 C	1	HLbert		NIA	40	MARY	<i>i</i>			Mille	R
W SESSES D			MED FORCES? WAR OR DATES)	16b SOCIA	SECURITY NO.	17 INFORMANT		ADDRESS			
A PASSA		NO		8.85		MARY MA	10	SAMO	: AS	ABOVE	5
7. 18. × 19. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per line	for (o), (b), or	nd (c).)					APPROXIMATE	INTERVAL T AND DEATH
PRESTON ST THIN 24 HOU CIL IN ITEM 14 FER ALONG ANSIT PERMIT REMOVAL.	1		TE CAUSE (o)		Multip	le Injuries	3		114		
SIT PE HYGIE	1	010	DUE TO, OR	AS A CONSE	QUENCE OF						
PRE NER YALK	12	Conditions, if ony, which gove rise to immediate	(b)								
W PEN W	10	couse (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR	AS A CONSE	QUENCE OF		A SOLUTION OF				
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. FF MEDIOSE EXAMINER ALONG WED AS A BURIAL-TRANSIP PERMIT. HEALTH AND MENTAL HYGIENE, D. AL, CREMATION, OR REMOVAL.			(c)								
REEKE NG NG KE		PART 2 DTHES SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	OUT NOT RELATED	TO THE TERMINAL DISEA	SE DR CONDITION GIVEN IN P	ART 1 to .				
ECORDS D BE EXE ENDING MEDICA AS A BL CREMATH AP	CERTIFICATION										
HOULD RD "PE" NHEF A USED OF HEE	3	190 DATE OF OPERATION	19b. CONDIT	ION FOR WH	ICH OPERATION	WAS PERFORMED?				20. AUTOPSY	,
SHOULD CHIEF TOF H	E									YES X	NO 🗌
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN FROED TO THE CHIEF MEDICAL EXA RE 3 SHOULD BE USED AS A BURIAL EDEBARINKENT OF HEALTH AND MI OI PRIOR TO BURIAL, CREMATION,		UNDERLYING OR	21b. TIME OF HOUR AM	MONTH D	AY YEAR 21c. H	HOW INJURY OCCURR	ED LENTER NATURE O	F INJURY IN ITEM 18 PAR	T T OR PART	2)	
O PER CONTRACTOR	MEDICAL	CONTRIBUTING CAUSE OF	DEATH 8: 45P.M	11/ 2	6/1985 su	bject drive	er of aut	:o/tracto	r tr	ailor i	_mpact
VIS 3 SEPTIMENT OF	AED A	21d. INJURY OCCURRED WHILE DOT WHILE IN	STORET EACT	OF INJURY (OCATION STREET	City Of	RIOWN	COUN	īv	STATE
DIVISION OF VIT THIS CERTIFICATE SH WARRING THE WOR WARGES SHOULD BE L. FARGE SERVILLO BE CARRING TO BUR 21201 PRIOR TO BUR	1	AT WORK AT WORK	VI .	oadway	US	Rt.13 and	Little (eorgetow	m Rd	., Berl	in, Md
		220 I certify that I took charg	ie of the remains des	ribed ohove		psy XX. Inspection			in my opin		
ANNER: FICATE CTOR: THE S		death resulted from: Natur	1	Accident X		Homicide .	Undetermined		n my opin	1011	
A SIE BENEFA		N	20 -	-		TITLE (SPECIFY)		,			10
CAL EX. THE CER. SHOULD MATH. WIRE, MATH.		ACTUAL SIGNATURE	XI	1		Assistar	nt MEDICAL EX	AMINIED	DATE SIGNED	11/27	1/85
OFF STATE			/	3					SIGNED		10
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE A SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BACTIMORE, MARKL		(TYPE OR PRINT) Gre	egory R. I	Kauffma	n, M.D.	_ADDRESS	111 Per	nn St.	3 86		
5X 45 4 4	230 B	URIAL CREMATION, REMOVAL		23c NAA	ME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ν .	/ COUNTY		ATE
07/84 BP		BURIAL	11/30/85	Neu	Bethel L	1.M. Church	BERLI	NW	orce	ster "	Md.
25M DHMH - 17	24 F	INERAL DIRECTOR	ADDRESS	C+. #2.	IERSEY.	ROAD 250. DATE	REC'D. BY REGIST	TRAR 256 REGIST	RAR'S SIG	NATURE	
(VR A15 ME (5))	U	OLIFY MEMOR	AL Chino	1 SAI	Ishury.	M. O	50				
					(1)	1.3	L 4 3 . 19 4			V. 6	



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e e e e e e e e e e e e e e e e e e e		CEASED NAME FIR		ilson		ang	20.	Novemb		1985	2b. HOUR
Page 4 may be director, page 3 nours offer death	3. SE	Male	4. RACE White		S. DATE O		YEAR	73	YRS.	MONTHS DAYS	HOURS MIN.
leath. Po inerol dir in 72 hou	G		, Virginia	Virginia U.S.A. MARRIEDX			CED	WICOMI			MD
by the fu		SALISBURY			RSING HOME C	PR OTHER INSTITUT		Sales Mo		12b. KIND C INDUSTRY Gree	of Business or en Giant
MARYLAND 2120 See within 24 hours mpletely filled in by ond 2 should be file	13a. S	AL RESIDENCE (IF NURSING H TATE Taryland	COUNTY COMICO	13t. Salis		13d. INSIDE CITY LI		STEGS ADDRESS	or Driv	ve 21	811
MARYL Manual Ma Manual Manual Manual Manual Manual Manual Manual Manual Manual	14. FA	George	WIDDLE	Lang		15. MOTHER'S MA FIRST Bertha		MIDDLE		Blades	Ti.
be execution and control on and control on the control of the cont			.S. ARMED FORCES? YES, GIVE WAR OR DATES) WWII		09-1289	17 INFORMANT Same	Mrs. as #13	Lydia P.ºººº Be	Eang (V	·	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO NG PHYSICIAN: The law requires that the death certificate be ex- catending physician. After this certificate has been signed by the attending physician and as the burial-transit permit. Then please remove carban papers. Pag th and Mental Hygiene prior to burial, cremation, ar removal. orked or them 18 show any injury, ar other traumatic event, the med		Canditions, if any, wh gave rise to immedia couse (a), stating	CAUSED BY: AEDIATE CAUSE (a) DUE TO, C ich (b) ate	or line for (a), (b) OR AS A CONS OR AS A CONS	EQUENCE OF	- of	Lung			APPROX BETWEEN	IMANE INTERVAL ONSEL AND DEATH MONULY
TAL RECORDS, 21 The law requires icion. The law requires six permit. Then playene prior to bur shows any injury, is	CERTIFICATION	PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY	1 196 COND			N WAS PERFORME	D	20g AUTOPSY? YES NO	20b. IF YES	S, WERE FIND II	NGS USED
DIVISION OF VITA DING PHYSICIAN: Tor attending physici After this certificate e as the buriol-transi olih and Mental Hygi marked or Item 18 sh	MEDICAL CI	OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL E) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	CAMINER HOUR A		19	211 LOCATION STREET	OCCORRED	CITY OR TO		COUNTY	STATE
O HOSPITAL OR ATTENDIN etonined by the hospital or TO FUNERAL DIRECTOR. At should be detoched for use a with the State Dept. of Health MAPORTANT: If Hem 21 is ma		226. I certify that (I) (this saw the deceased a abave (D/(we) (did)) 226. SIGNATURE 226. PHYSICIAN'S NAME	ALITON,	y after death. TR.	19 <u>57</u> , ai	DEGREE		AEDICAL STA	AFF	r and fram the	5/1985
BP		SURIAL, CREMATION, REM (SPECIFY) Cremati	on 236 DATE	6/1985		y Cremate	ory	23d LOCATION CITY OF TOWN Salisbury			
DHMH: 16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR Holloway Fune	ral Home,	P.A., ^\$8	ātisbury,	Maryland		9 1985		RAR'S SIGNAT	

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	*ATTENDING PHYSICIAN The low requires that the desith certificate be executed within 24 hours inapital to attending physician.	SATISFACE AND ADDRESS OF THE PARTY AND PROPERTY AND ADDRESS OF THE PARTY OF THE PAR

STATE OF MARYLAND

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FOR 1 - STATE		DEPARTM		IEALTH AND MENTAL HYG	IENE		Mau Si	
REGISTRAR			CERTIF	ICATE OF DEATH	200			
1 DECEASED NAME FIR:		MDDLE		IAST	REG. N		DAY YEAR	26. HOUR
(TYPE OR PRINT)		NDDIE 1		and M	A		DAY YEAR	26. HOUR
Clarence	Edward		-47	7010	NOU 12	-, 148	5	1700M
3. SEX	4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
Male	Cauca	cian	03	20 1917	68		MONTHS DATS	HOURS MIN.
			03	20 1317		YRS.		
74 BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF V	WHAT COUNTRY?	8 AAA PRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
Maryland	U.S.A		WIDOWI		Wicomico			MD.
10 CITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON	126 KIND C	OF BUSINESS OR
		FACILITY, GIVE STREET A			(TYPE OF WORK FOR MOST			7, 200 1200 0
Salisbury				Hospital	farmer			
USUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	DMISSION)	113d INSIDE CITY LIMITS?	In CIPET ADDRESS	/ 710 CODE		a Y Rai
Maryland	Wicomico	Willards	4	YES X NO	Box 153	21874		
14 FATHER'S NAME			-	IS MOTHER'S MAIDEN NA				
FIRST	MIDDLE	LAST			WIDDLE		TATE BALAS	ST .
John	Édward	Laytor)	Edna			Wilke	ens
160 WAS DECEASED EVER IN U		166. SOCIAL SECUP	RITY NO.	17 INFORMANT Faye	ADDR	ess NI	W- of al	14 D.
NO OR UNKNOWN)	YES GIVE WAR OR DATES)	216-12-13	94			8 IN.	warne	d Dr.,
110				Mt. Airy	, MD 21771			
18 CAUSE OF DEATH (Er	ter only one cause per	line for (a), (b), and	IC I	0			BETWEEN	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS C	EDIATE CAUSE (a)	CANCE	7	- PROBABI	E LIVE	R	4 -0.0	
1000								
		AS A CONSEQUE	NCE OF					
Conditions, if any, whi								
cause (o), stating t		AS A CONSEQUE	NCE OF					
underlying couse la							190	
DART 2 OTHER SIGNIES	ANIT CONDITIONS CO	ALITRIBUTING TO D	EATH DUT	NOT RELATED TO THE TERM	NIN AL DISEASE OR COA	DITION CIV	ENLINE DART 1.	
	ANT CONDITIONS CC	NIKIBUTING TO D	EAIN BUI	NOT RECATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART II	0
2								
190 DATE OF OPERATION	19P CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING CAUSES	
15/9/1	CAR	TUR O	EL	ZUER	YES TO NOT	YE		NO T
19a DATE OF OPERATION STORY 21a. ACCIDENT WAS UNDERLY!	-/1/	cero o		21c HOW INJURY OCCUR				
		M. MONTH DA	Y YEAR	The state of the s	LEWICK MATORE OF IMIL	A DE HENCED P	Ant (ON TAKE 2)	
(IF EITHER, NOTIFY MEDICAL EX	AMINER) P.A	М.	19					
OR CONTRIBUTING LI CAUSE (IF EITHER, NOTIFY MEDICAL EX	21e. PLACE C			21f LOCATION STREET	CITY OF TO	Later Later	COUNTY	STATE
NOI WHILE	(AT HOME, STRI	EET, FACTORY, OFFICE FA	RM, ETC.)	SINEEL	CITYONIC	,,,,,,	2001411	31416
AT WORK			1.5	11 8	//	2	. 21	
22a I certify that (1) (this		13	10	. 17	, 10			that (I) (we) lost
saw the deceased at	ve on the body	ofter death	31.0	nd that in (my) (aur) apinian	death occurred on the d	ate and hou	and from the	causes stated
22b. SIGNATULE		arrer dearm		DEGREE			22c. DATE	SIGNED,
11 (///	11		ile	ATTENDING _	MEDICAL STA		111	13/05
	M		V	PHYSICIAN [PHYS!	CIAN	111	(43)
724 PHYSICIAN'S NAME	Time demonstra			22e ADDRESS				
3 90 0	1							
230 BURIAL, CREMATION, REM	OVAL 236 DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
Burial	11/16/			Cemetery	Willard	. Wic	comico	MDTATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR W. Kirk Burbage, 108 Wms St., Berlin, MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

329093 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME 2b HOUR TYPE OR PRINTS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN O WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED [120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Peninsula General Hospital INDUSTRY Salisbury 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME YANCES ADDRES WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line to a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN TI DIRECTOR PHYSICIAN PORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 23d LOCATION BP. DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS

Asie con Legrange hours of 18 1850 0519 THE WASHEST SHARM IN X IN F. & BUSH SOLD BY 28.8. - 1761 (Thei weather) Add Same no BUT RE THESE SE SPORT TO THE RESERVE HERE SEE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			R	E	G		NO).		
-	-	e 5	7	7	77	7		-	-	

-11		RAK				4211111	· · · · · · · · · · · · · · · · · · ·		RE	EG. NO.				
		EASED NAME	FIRST		AIDDLE	L	ewis		a DATE OF DEA	ATH MC	ONTH DA	Y YEAR	26 HOU	IR .
1			Dori		E.	Le	ewis		Novem		28	1985	7.50) PM
	1. SEX	_		4 RACE		5. DATE C		AR 6	AGE (IN YEARS L	AST BIRTHD		UNDER I YEAR	IF UNDER	24 HRS MIN.
1		Female		White		08			59		YRS.			
	-	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COL				8 MARRIE	NEVER MARRI	ED 🗆 9	9 BALTIMORE CITY OR COUNTY OF DEATH					
2	De	elmar, Mary	yland	U.S.A		WIDOWE	D DIVORCE	ED 🗌	Wicomic	:0				MD.
g	Salisbury Peninsula					SPITAL, NURSING HOME OR OTHER INSTITUTION SUIT CENET STEE HOSpital			2a USUAL OCCI (TYPE OF WORK FOR Seamst	MOST OF W		126. KIND C INDUSTRY Shirt	Fact	ory
6	13a S	L RESIDENCE (IF NURS LATE Maryland	13h COUR	other institution NTY	Salisbur		13d. INSIDE CITY LIA YES NO		TITT MIC	ddlen	IP CODE leck D	Drive	218	01
1	14 FA	Lawrence		WIDDLE	Dennis LAST		15 MOTHER'S MAIL Hatti			DDLE	H	Hasting	s S	
1		AS DECEASED EVER		MED FORCES? /E WAR OR DATES}	166. SOCIAL SECT		Same as	Mr. 1	Wilson L	ewis	(Hush	oand)		
		Canditions, if ony, gave rise to imm cause (a), statin underlying cause	/AS CAUSE IMMEDIA , which nediate ng the	DUE TO, OI DUE TO, OI DUE TO, OI	line far (a), (b), or Metacta R AS A CONSEOU	ENCE OF	Luns	Can	cer			APPROX BETWEEN	IMATE INTE	RVAL DÉATH
	NOI	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR	CONDIT	ION GIVEN	N IN PART 1	a	
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY			WERE FINDIT		TH?
ì		21a. ACCIDENT WAS UNE	CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE (DF INJURY II	TIEM 18 PAR	RT I OR PART 2)		
	MEDICAL	216 INJURY OCCUR	HILE	21e PLACE	OF INJURY SEET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CHT	Y OR TOWN	20	COUNTY	5	STATE
		22a.1 certify that (I) We the decease Tayle, (I) we (C		A /	18	05.0	nd that ir (aur)	opinian de	_, ta	the dote	ond hour	ond fram the	thould couses st	we) last ated
	(M) 5.	66	20	N	ATTEN PHYSI		MEDICAL DIRECTOR P	STAFF	N 🗆	11/1	8/8	5
		DAVID E	-	SWALL,	ms		27e ADDRESS/3	sbur	J. DIL	1570.	218	01		
	23a B	URIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR CREMA	ATORY	236 LOCATION	NWC		COUNTY		STATE .
	B	Burial		12/2/	1985 P	arsons	Cemetery		Salisbu	ry,	Vicom	nico, M	arylo	and
	24 FU	MERAL DIRECTOR Holloway F	unero	l Home,	P.A., Sal	isbury	, Maryland	250. DOE	REC'D. BY REGIS	TRAR 25	. REGISTR	AR'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TENDING PHYSICIAN, The

TO HOSPITAL

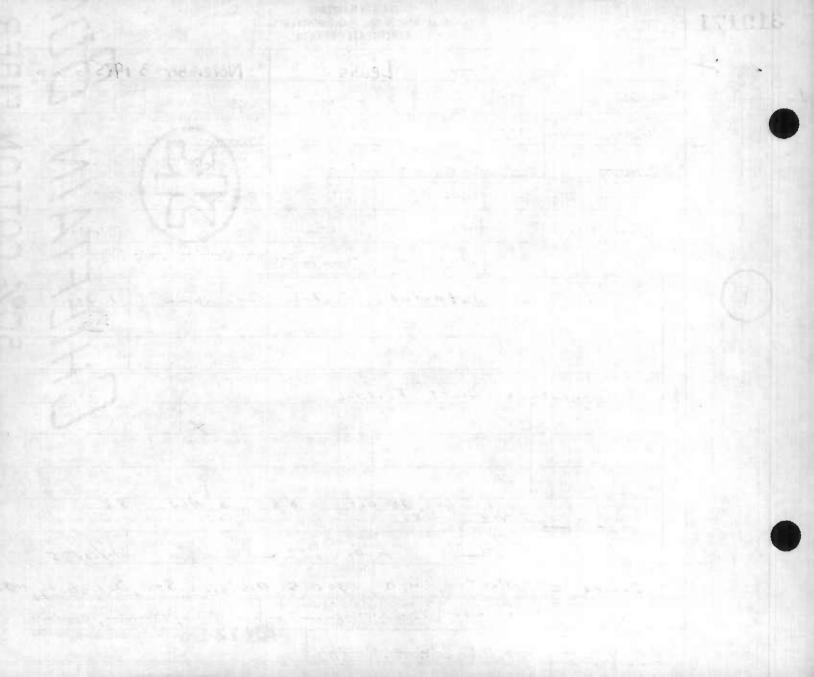
TO FUNERAL DIRECTOR. A should be detached to use with the State Dept. at Heal MPORTANT, # them 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	O.		
	CEASED NAME	FIRST		WIDDLE	, Ł	_ewis	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	- Wildi	Ellen		Mary	1	ewis	Novem	ber 3	1985	7:40 PN
SE		4	. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	_		IF UNDER 24 HRS
1	Female		White		5	8 1920	65	YRS	O.VIII3	MIN.
	IRTHPLACE (STATE OR			WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	N. H
_	alisbury,Ma		U.S.A		WIDOWE	DI DIVORCED	Wicomico		7 - 4	MI
C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE	125 KIND OF INDUSTRY	BUSINESS OR
	alisbury		Penins	ula Gener	al Ho	spital	Oletician	1	Hospi	ital
50 la.	Maryland	13h COUNT Wicor	THER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW Hebron	ADMISSION)	13d. INSIDE CITY LIMITS?	Box 505	ZIP CODE	21830	
	ATHER'S NAME FIRST	Μ	IDDLE	Elliott		15. MOTHER'S MAIDEN NA Ella	WE	3%	Phipp	in
	WAS DECEASED EVER (YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 213-14-6		Same as #13	Mury Mauric	e Lewi		
Ī	8 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and	d (c).					ATE INTERVAL
	PART I. DEATH W	AS CAUSED	BY			· Gastric	Carcinon	~ 9	,	ear
	PART 2 OTHER SIGN	NIFICANT CO	1	Heart	Fa:	NOT RELATED TO THE TERM	ainal Disease or Con	DITION GIVE	N IN PART 11d	
CERTIFICATION	190 DATE OF OPERA	TIÓN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	P./	m. Month da m.	AY YEAR	21c. HOW INJURY OCCUR		A4 81 METI NI YR	RT I OR PART 2)	
- June	21d INJURY OCCUR	HILE [7]	21e PLACE	OF INJURY SEET, FACTORY, OFFICE F		2H LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	22a I certify that (I) saw the deceas above, (I) (we) (ed alive an_	3 No	ال ال	25 , or	oct., 1983 nd that in (my) (aur) opinion		, ,	and from the co	
	27h SIGNATURE	2. 3	nja	_			MEDICAL STA	FF CIAN []	22c. DATE S	IGNED
	Denes	E	. Ma	-tin, n	и, о.		Division	5t.	, Salis	600
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		11/7/	1985 Sp	pringh	ill Memory Ga	rdens Hebror	, Wico	mico, N	larylan
F	UNERAL DIRECTOR			ADDRESS		250 DA	THE RESIDENCE	Sh. REGISTS	MARIS SIGNATU	Marian Com
H	Holloway Fu	neral b	Home, F	A. Salis	bury.	Maryland		11/		



MARYLAND 2120

DIVISION OF VITAL

DECEASED TYPE OR PRINTI

Klei

STATE OF MARYLAND

RAR		CERTIFICATE OF DEATH	REG. NO.	
Paul	Rufus	Massey, Jr.	NOVEMBER 30	1985 0958 M
15	4 RACE White	5. DATE OF BIRTH MONTH 10 18 1914	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
E (STATE OR FOREIGN Grange, Mary	and U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	OF DEATH MD
	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Gen	ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Park Ranger	12b KIND OF BUSINESS OR INDUSTRY State

13d INSIDE CITY LIMITS?

Marylana	Worcester	SHOW I IIII	YES NO	Nobie 1/2 Dox	1133 2100
Paul	Rufus I	Massey, Sr.	Annie	Clevie	Shockley
(YES NO OR UNKNOWN)	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO. 214-12-5799	Same as #1.	Hazel C. Masse 3e	y (Wife)

Peninsula General Hospital

13c CITY OR TOWN

18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one cause per li AUSED BY. EDIATE CAUSE (o)	ne farial, (b), and ice	ONDRY	ARREST	BETWEEN ONSET AND DEATH 30 MM
Conditions, if ony, whi		AS A CONSEQUENCE OF WASSILL		LOME INFAR	crosn 11/2 hR
gove rise to immedia cause (a), stating t underlying cause la	he DUE TO, OR	AS A CONSEQUENCE OF	C		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

		JII COLOR	(1100		
	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE
	NOV 85	ABDOMINAL GORT	TIC HAVRYSH	YES NO	IN CERTIFYING
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER P.M 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

STATE NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased fram

saw the deceased olive an obove, (I we) (did) (did no (aur) opinian death occurred on the date and have and from the causes stated

22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES

23a. BURIAL, CREMATION, REMOVAL

Burial 12/4/1985 Wicomico Memorial Park BP 24 FUNERAL DIRECTOR Hölloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene

18

MPORTANT:

should be

MEDICAL

(SPECIFY)

State

Same as #13e C. Massey (Wife)

13 STREET ADDRESS / ZIP CODE

ERE FINDINGS USED

G CAUSES OF DEATH? NO [

OR PART 21

Salisbury, Wicomico

250. E. D. D. E. S. S. M. MECHSTRAR'S SIGNATURE

SULLINE The second of the second of the second Market marketen not been as the conwightening all a bid

RIBIS A STATE OF THE PARTY OF THE PARTY OF THE PARTY.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 325107 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Vernon Miles DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE FUNERAL DIRECT S FOR YOUR IS MONTH LAST BIRTHDAY PRONOUNCED DEAD Male 18 02 83 YRS 1200 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED USA Delaware PAGE 5 EFILED, V WIDOWED DIVORCED Wicomico ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Freight Conductor Peninsula Salisburv Penn RR General Hospi tal USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Wicomico Salisbury 1022 Beaglin Park Drive A 303 YESK 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Amos Miles Annie Mitchell . 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRSalis. Md 21801 TYPES NO OR LINKNOWNS 220 10 9611 Mrs. Elizabeth B. Miles 1022 Beaglin Prk 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY Cardiopulmonary Arrest 1hr. 10min IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR UNDERLYING 3 SHOU P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIP.

BAUTIMORE, MARYLAND, 2 Inspection X 22a I certify that I taak charge of the remains described above, held an death resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) Deputy 11-12-85 MEDICAL EXAMINER EXAMINER'S NAME John Bulkelev. Salisbury TYPE OR PRINT 23d. LOCATION COUNTY STATE 11/15/85 burial Odd Fellows Cemetery 07/84 Delaware Laurel 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR LIM REGISTRAR'S SE-MATURE **DHMH - 17** Hömer L. Disharoon Box 578 Laurel Del 19956 (VR A15 ME (5))

STATE OF MARYLAND

1022 Beaglin Park Drive A 303 rolling the state of 220 10 9611 Pers. Plicabuch B. Wiles 1022 Bengiln Pet hubini | 11/15/65 Old Peliows Cenotery | found | Delawine

Hower L. Disharoon Rox 678 Laurel Del 1995e of grown waser

FOR

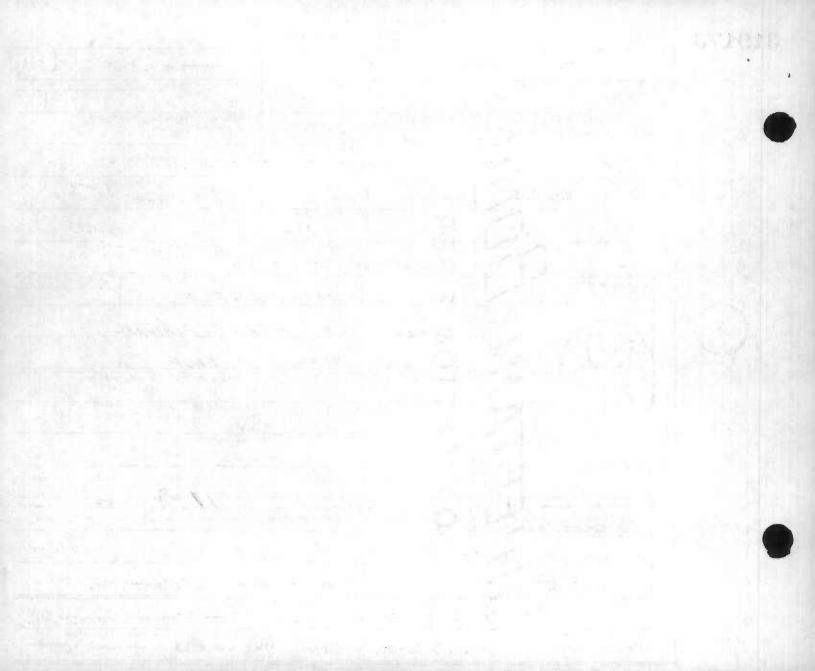
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME OR PRINT!	first liam		ames	Mi	ster	20. DATE OF DEATH November	er 7,	1985	26 HOUR 5:45 A
3. SE:	× Male	4	RACE Whit	e	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOI COUNTRY) enona, Maryle		U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF WICOMI	_	Y OF DEATH	٨
1	ALISBURY	H 1	AT HO			ROTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Steelwork	WORKING		Mill
130 S	aryland	G HOME OR O 3b COUNT Wicom	Υ	GIVE RESIDENCE BEFORE 13c CITY OR TOW Salisbury	/N	13d. INSIDE CITY LIMITS? YES NO	Route #3 A	irpor	Road	0/
	ATHER'S NAME FIRST George	W	illiam	Mister	y.	Thelma	MIDDLE		Daniel	т S
	WAS DECEASED EVER IN YES NO OR UNKNOWN) Yes		WAR OR DATES)	214-28			rs. Emily ^{ADPRE} #13e	Miste		
	18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	BY: CAUSE (a)	CARDIO	144	MONARY	ARREST.		BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONGES TIVE HEART FAILUR DUE TO, OR AS A CONSEQUENCE OF (c) IS CHEMIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									
TIFICATION	190. DATE OF OPERATION					N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDIN IFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE			AY YEAR 19	216. HOW INJURY OCCURR 211. LOCATION STREET	RED (ENTER NATURE OF INJUR		(COUNTY	STATE	
	22a.1 certify that (1) (this hospital) attended the deceased from 9, 19, 19, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19								,	
	Denn 72d. PHYSICIAN'S NAM	IS !	Char	nich	- M.	ATTENDING _	MEDICAL STAF DIRECTOR PHYSIC			/8/1985
			odnicki	1			incy Sts., Sa	lisbu	ry, Md.	
	BURIAL, CREMATION, RI (SPECIFY) Burial	EMOVAL	23b. DATE 11/9/1			ount Cemetery	Upper Fair	mou	nt,Somer	set, Md.

DHMH- 16 30M 2/80 (VRA 15, 4)

MPORTANT

Holloway Funeral Home, M.D. Salisbury, Maryland



FOR STATE

STATE OF MARYLAND

DEPARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIENE
(ERT	FICATE	OF	DEATH	

1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Ì		CEASED NAME FIRST	MIDDLE	ŁAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
I	(1112	COSEPH	William	Moore	November	15,1985 1759 M
I	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ł	/	MALE	WHITE	AUG 7, 1912	73 YRS	
		RTHPLACE (STATE OR FOREIGN OUNTRY) NARVIAN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CITY OR COUN WICOMICO	TY OF DEATH MD.
1		TY OR TO NOF DEATH Lisbury	Peninsula General Peninsula General		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	SLIFE) 126 KIND OF BUSINESS OR INDUSTRY
	13a S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY CITY OR TOWN	N 13d. INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRESS / RIP CO	DE Rd RJ H9
		William d	Ames Moo	15 MOTHER'S MAIDEN NA	A LOUISE	Phibbin
ı		PAS DECEASED EVER IN U.S. AR	VE WAR OR DATES) 2.14-16-	8416 SARAH	MODE SALIS	who RE RLS
I		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY: TE CAUSE (a) Cardio	- Dulmones	auest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A SONSEOUE	on about In	suffichcy	2mo
١		couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	te Negrotan	ng Colotis	2/2mo
	NOI	PART 2 OTHER SIGNIFICANT (conditions <u>contributing to d</u>	DEATH BUT NOT RELATED TO THE	VINAL PISEASE OR CONDITION C	GIVEN IN PART 110
	CERTIFICATION	190 DATE OF OPERATION	Heure (OPERATION-WAS PERFORMED	YES NO NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
		21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased alive an	ital) ottended the deceased from 19	and that in (my) (our) opinion	death accurred on the date and h	our and from the couses stated
		22b. SIGNATURE	Bartton	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
		220. PHY SICIAN'S NAME ITYPE O	OR PRINT)	22e ADDRESS		

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this should be detached for use as the with the State Dept. of Health annual.

IMPORTANT: If hem 21 is

_ (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL BAKER Y

23b. DATE

230. DATE REC'D. BY REGISTRAR'S SIGNATURE Lulia Tavidson-Randalle the host throught on a last than the Contract the second sec Maria

STATE OF MARYLAND 343083 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1 DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) JANE 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Female . I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED TO DIVORCED T Wicomico 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR ousewite Salisbury Peninsula General Hospita 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST 17 INFORMANT (YES NO OR UNKNOWN) 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 6-ALKBLADDER Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [Hygie 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) Ö 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. DEGREE 224 DATE SIGNED should be detach PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23c NAME OF CEMETERY DHMH - 16 60M 7/84 (VRA 15, 4)

All the state of t CONTRACTOR OF THE PROPERTY OF The state of the s 3 MG givening from -131 Charles Charles Charles the Sand

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH BENJAMIN PARSONS NOON Mitchell TARSONS 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 12 28 1912 YEAR White 72 E BIRTHPLACE PLATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Wicomico WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR Freight Conducter Railroad Salisbury Peninsula General Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland Wicomico Salisbury 13d INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 102 Woodcrest Avenue 21801 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Henry John Parsons Pearl Hall Janie 17 INFORMANT Mrs. Ann C. Porsons (Wife) 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) Same as #13e 214-10-8153 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). ulimona Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CarcinomA. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI YES [NO [21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED

NOT WHILE

sow the deceased alive on ___

21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC 1

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

211 LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

obove, (I) (we) (did) (did not) view the body ofter death 226. STONATURE

22a.1 certify that (1) (this hospital) attended the deceased from

23b DATE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STAFF

23a. BURIAL, CREMATION, REMOVAL

305 Terth ST POCOMOKE City

CITY OR TOWN

(SPECIFY) Burial

CERTIFICATION

MEDICAL

- STATE

THE CHERNAL

Male

1.5EX

REGISTRAR

11/30/1985 24 FUNERAL DIRECTOR

Wicomico Memorial Park Salisbury, Wicomico, Maryland 250 DATE AEC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

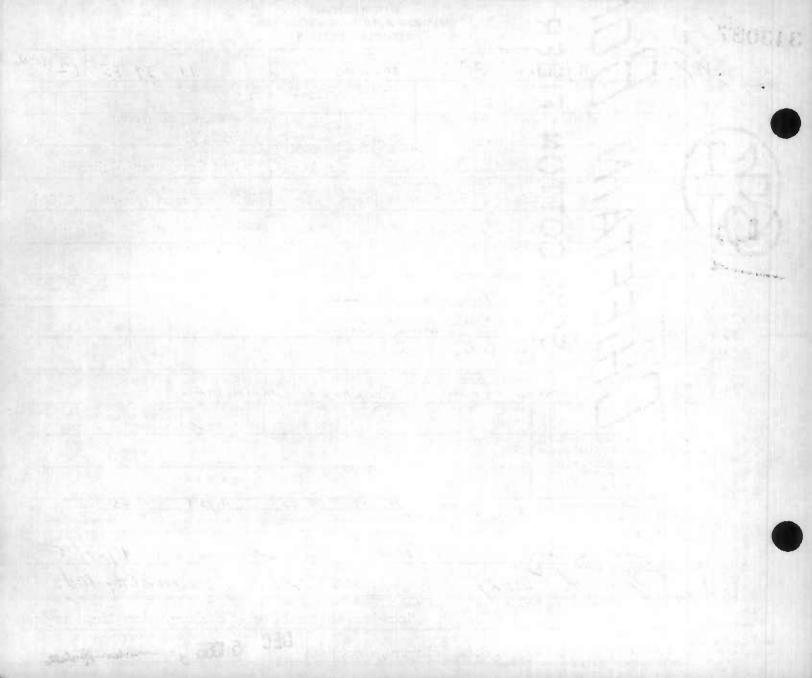
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT.

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FUNERAL

Holloway Funeral Home, P.A., Salisbury, Maryland



BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

336103

STATE OF MARYLAND

5. DATE C MONT

Apri

MARRIE

Mardela Sprin

DEPARTMENT OF CERTIF

ICATE OF DEATH	REG. NO.							
AST .	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR					
HILLIPS	November 22,	1985	230A					
OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS					
1 14, 1882	103 YRS.	MONTHS DATS	HOURS MIN.					
D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
DIVORCED	WICOMICO		100					

TYPE OF WORK FOR MOST OF WORKING LIFE)

12a USUAL OCCUPATION

Maryland U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sailsbury Deer's Head Center Maryland

76 CITIZEN OF WHAT COUNTRY?

MIDDLE

Homemaker Own Home Box 767 Bratten St. 21837

17b. KIND OF BUSINESS OR

INDUSTRY

COUNTY

COUNTY

STATE

STATE

MD

15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE %achariah Phillips Mary Kennerly 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! Mardela Springs, MD No Celia Beach

SES X

NO

	y ane cause per line for (a), (b), and (c).) BY: E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	

9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO F 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION

MEDICAL

CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE

220 1 certify that (1) (this haspital) attended the deceased from sow the deceased afive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23b DATE

PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS **KYUNG** OOK YOON M.D.

11-24-85

Deer's Head Center, Salisbury, Md. 21801 23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Riverton Ch. Cemetery Riverton

DHMH - 16 60M 7/84 (VRA 15, 4)

HIP PAT

should be deto

MPORTANT

CERTIFICATION

FOR

REGISTRAR DECEASED NAME

Agnes

4 RACE

Wicomico

White

- STATE

TYPE OR PRINTI

Female

TO BIRTHPLACE ISTATE OR FOREIGN

3. SEX

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337159

	STATE OF MARYLAND				
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN				
- STATE	CERTIFICATE OF REATH				

CERTIFICATE OF DEATH

REGISTRAR						REG. N	10.		
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	ETTE KI	BBLE	RICH	HARDSON			11 - 24	1-1985	7:50 ^A
3 SEX	4 RACE		5. DATE (OF BIRTH		6 AGE (IN YEARS LAST BE	RTHDAY)	F UNDER I YEAR	
Female	Whit	е	3 MONT	18	1891	94	YRS.	ONIHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PRIE	D NEVER	AAPPIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	U.SA		WIDOWI		VORCED [WICOM	ICO		MC
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	NOITUTION	120 USUAL OCCUPAT	ION		OF BUSINESS OR
SALISBURY	SALISB	URY NURSI		ME		Homemaker	Dr WORKING LIFE)	Own I	
USUAL RESIDENCE (IF NURSING HOP 130. STATE 136. C Wi	NE OR OTHER INSTITUTION OUNTY COMICO	13c. CITY OR TOW Salisbur		136 INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	comico	Salisbur	У	YES 🔀	NO 🗌	Civic Av	e & Rt.	50.	21801
John Wesley	WIDDIE	Kibble			MAIDENNA FIRST Nnie	ME MIDDLE	Λ~	ndersor	
160 WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMA					
	S, GIVE WAR OR DATES)	220-32-9				ce Messick	229 0	anal I	Park Dr.
18 CAUSE OF DEATH LENTE PART I. DEATH WAS CA		-		110. 0	Marra	ce Messick	palls		Marylan
couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D			NOT RELATED	Marie 1	INAL DISEASE OR CON		N IN PART 10	
SHIP DATE OF OPERATION	176 COND	INON FOR WHICH	OPERATION WAS PERFORMED			YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTHY MEDICAL EXAM 21d. INJURY OCCURRED	F DEATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM TO PAR	RT (OR PART 2)	SV S An
21d. INJURY OCCURRED	21e PLACE		19	211. LOCATIO	N				
WHILE NOT WHILE AT WORK	LAT HOME STI	REET FACTORY, OFFICE, FA	RM, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE
220.1 certify that (I) (this h	asnital) attended th	a deseased from	5	73	10 0	11/2	4	- Doc	ah an ah farah la a
saw the deceased alive abave, (I) (we) (did) (di	00 1/2	100	5.0	nd that in (my)	(aur) apinian	death accurred an the c	late and haur		that (I) (we) last causes stated
226. SIGNATURE	/	1		DEGREE	100	12		Th. DATE	SIGNED
William	ATTENDING ARDICAL STAFF PHYSICIAN PDIRECTOR PHYSICIAN						FF CIAN []	11/5	4/85.
224. PHYSICIAN'S NAME (1	YPE OR PRINT)			22e APDRES	5 1			1	1.
DR. WILLIAN	M ROBINS			CIVIC	Ave	at Rt50	SALIS	bury	,Md
23a BURIAL, CREMATION, REMO				EMETERY OR		23d. LOCATION	Time	COUNTY	Series W.
Burial	11-25	-1985 Wi	comic	o Memor	ial Pa	rle Salisbu	In N	11COM 10	co Mo

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely illed in by the should be detached for use as the burnal-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remayal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical

BAKER + + Bounds SALIS 60° NY, Md. 21801 NOV 29 1885

E. E. .02 .11 cv. 02v.10 BALLESUS ELAS DE VITA INDIANA CALCULATION THE STATE OF THE ST - and the manufacture of the second s FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	IRTHPLACE (STATE OR FORECOUNTRY) N.C. ITY OR TOWN OF DEATH 2 1: SDUTY AL RESIDENCE (IF NURSING STATE 13 ATHER'S NAME FIRST WAS DECEASED EVER IN YES, NO OR UNKNOWN) 18 CAUSE OF DEATH I PART I. DEATH WAS IM Conditions, if ony, we gove rise to immediate (a), stating underlying couse				CERTIF	ICATE OF DEATH		REG. N	0.			
		FIRST		MIDDLE		IAST	20 DA		MONTH	DAY YEAR	2b HO	UR
		Mary		UP.	RTD	DTCK			11/	23/85	12.	: 100N
3. SE>	X		4 RACE		5. DATE O		6. AGE	(IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDE	
	***		Blk	- CO	MONT	13. 1922		61	MBG	MONTHS DAYS	HOURS	MIN.
n Bil	RIHPLACE (STATE OR	FOREIGN	-	WHAT COUNTRY?	Dec.	13, 1922	9 BALT	IMORE CITY O	YRS.	Y OF DEATH		
	OUNTRY)		76. CHILLIA OI		MARRIE	D NEVER MARRIED		okz 0111 <u>a</u>	<u> </u>			
0.01			U.S.	Α.	WIDOW			comico		18		M[
0 (1	ITY OR TOWN OF DE.	AIH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION		UAL OCCUPATION WORK FOR MOST C		126 KIND (OF BUSIN	IESS OR
Sa	alisbury		Deer's	Head Cer	ter		Ti	Retired		人是我		
15UA	AL RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION		E ADMISSION)	A121 INICIDE CITY I INITES		EET ADDRESS	/ 710 COD	E 110Se	2000	1 04
-		Wice		Salishu		13d INSIDE CITY LIMITS? YES ₩ NO □						T DIE
		I WICE	-	Dariabu	У	15 MOTHER'S MAIDEN N		Isoury	Mary	land 218	301	
			WIDDIE	LAST		FIRST		WIDDLE		LA	ST	
1			Raddi		IDITY - I C	Isabella	Rid	dick	ECC			
			E WAR OR DATES	166 SOCIAL SECU	JRIIY NO.	17 INFORMANT		906 Tur	stall	L Ave		
				114-22-	3800	Daisy M. Rid	dick	Nort	OTK	/a.		
	IL CALISE OF DEAT	H (Enter or	ly one cause per		dici.i			, ,	2	APPRO)	IMATE INTE	ERVAL
CERTIFICATION		Klonic	Cen	eal Fo	rifu	NOT RELATED TO THE TE	las	SEASE OR CON AUTOPSY?	20h F Y	YEN IN PART I	NGS VI	
T							YES	ON O	11 75 11 17 15 15 15	ES 🗍	NO	J.
MEDICAL CER		CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	URRED (EN	TER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
EDI	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	ADM FIC I	21f LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
2	AT WORK NOT W		TAT TOME STA	LET PACIONI OFFICE	ARM ETC 1	,			4			
	22a I certify that (1)	(this haspi	tal) attended th	deceased from_		9 /31 19 00		11/	23	19 CX	that (I)	(we) last
	saw the deceas	ed alive an	_11/	2-3 19	95.0	nd that in (my) (our) apinio	an death oc	curred on the d	ate and ha	ur and from the	causes st	tated
	22b SIGNATURE	ala lala no	t) view the body	atter death.	/7/	DEGREE		-	_	27: DATE	SUSNED	
	2	Sen	A S	V./	han	ATTENDING PHYSICIAN		CAL STA		11/	23/	B-
	SEN.	170	DR PRINT)	CHAR		27e ADDRESS 547-	-2	River	sid	(Dr	. 5	alls
	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATOR	Y 23d. I	LOCATION		COUNTY		STATE
ים	Buria	1	11-29-	-85 Rd	No Wo	It Memorial	0	hesanea	ke	COD.417	Va	
24 FC	NERAL DIRECTOR	11	1 1		Seli					TRAR'S SIGNA	TURE	
F	50 Ks Fine	af H	me/h	10x + 127. 0	- Bud	XA Sheet N	0V 2	9 1985	A.S.	John Jana	0.7	· .

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate hos been upped is should be detached for use as the buriol-tronsit permit. The persis with the State Dept. of Health and Mental Hygiene prior to buring.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any

filled in by the funeral director, outdithe filled within 72 hours aft

And the first sentence of the second section is the second section. William served My ... Liberer with the derver . I know

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND

JIMIL OF MARILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR				CENTIL	ICAIL OI	DEMIII	REG, NO	O.			
1. DECEASED NAME	EIRST		MIDDLE	-	AST		20 DATE OF DEATH	MONTH	DAY YEAR	7	2b. HOUR
ATTPE OR PRINTS	Herma	an :	D.	K	ilen		Novemb	all	9 198	5	2015 M
3. SEX	999	4. RACE			OF BIRTH		6. AGE IN YEARS LAST BIR	HDAY)	MONTHS DA	_	IF UNDER 24 HRS
Male		White		Mar	ch 21,	1916	69	YRS.	MONTHS! DA	12	HOURS MIN.
O. BIRTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	R MARRIED -	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
Virginia		USA		WIDOW		DIVORCED [Wicomico				MD
O CITY OR TOWN OF	DEATH		HOSPITAL, NURSI		OR OTHER IN	STITUTION	12a USUAL OCCUPATION				BUSINESSOR
Salisbury		Penins	ula Gener	ral Ho	ospita	1	Truck Dri				& Feed
USUAL RESIDENCE (#	NURSIN HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	-		13e.STREET ADDRESS	ZIP COD	E (114	1444
Delaware	Sus		Delma		YES 🗌	NO X	Rt. #1 Br			loa	d 19940
M FATHER'S NAME		AIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME				
Charles D			-		Cora	Wilhemin	na Riley			LAST	
160 WAS DECEASED E		MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORM	AANT	ADDRE	SS			
No	1 (1 (2) (3)	- WAR OR DATES	214-12-5	5151	Carrie	E. Rile	ey Delmar	, De.	19940)	
Canditions, if gave rise to couse (a), si	IMMEDIATI any, which immediate toting the	S BY: E CAUSE (a) DUE TO, O	R AS A CONSEQUE	ENCE OF	al	Onfar	ution		BETWE	OXIM) EN ON	ATE INTERVAL USET AND DEATH
PART 2 OTHER S	SIGNIFICANT C			DEATH BUT NOT RELATED TO THE TERMI			20a AUTOPSY?	S, WERE FIN	WERE FINDINGS USED		
216, ACCIDENT WAS	UNIDERIVING C	21b. TIME C	of Intiliby		In How	NAME OF THE OWNER OWNER OF THE OWNER OWNE	YES NO		ES 🗌		NO 🗆
OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OCC AT WORK 220. I certify tho sow the decobove, (I) (w	CAUSE OF DEAT MEDICAL EXAMINER) CURRED T WHILE WORK	P. 21e PLACE (AT HOME STI	M. MONTH D M. OF INJURY REET FACTORY, OFFICE e deceased from 19	EARM ETC)	211. LOCAT STRE	ION ET	CITY OR TO	wn	COUNTY 19 35 ur and fram t	_ the	
226. PHYSICIAN'S	BUN S NAME (TYPE OR	PRINT)	leger	M	DEGREE D 22e ADDRE		MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	22t. DA	I K	9/85
230 BURIAL, CREMATIC	ON, REMOVAL	236 DATE	236	NAME OF C	EMETERY OF	CREMATORY	23d LOCATION				
Buria1		11-13-	1985 St	. Ste	phens	Cemeter	y Delmar Su	ssex	Delawa	re	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

St. Stephens Cemetery Delmar Sussex Delaware

24 FUNERAL DIRECTOR

Delmar, Delaware Marvel-Short Funeral Home

NOV 1 4 1985

The The reserved to the state of

256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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STATE OF MARYLAND

Strategy of the strategy of th DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

		ORPRINTI	MIDDLE		ASI	Ze DATE OF DEATH	MONTH DAT	TEAR	26 HOUR	
	1	Fred 1	e Gates	SA	UBas,		11/29	85	14:40	М
	3 SEX		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 MRS	
A		Male	White	Nonth	1 6 1 5 1 -	75	YRS.	HS DAYS	HOURS MIN	
А	7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O		DEATH		_
J	C	Vinginia	11.0.1	WIDOWE	DIVORCED DIVORCED	Wicomico				10
9	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 17	L KINDO	F BUSINESS O	AD.
y	63	lisbury	Peninsula Gene		spital	Waterm		See	Food	
h	USUA		OR OTHER INSTITUTION, GIVE RESIDENCE	EFORE ADMISSION)						
9	130 3		492 0	League	138. INSIDE CITY LIMITS? YES NO	By 296-		w.	2333	6
ī	14 FA	THER'S NAME			15 MOTHER'S MAIDEN NAM	AE .				_
		Fred LeG	ates Savag	e St.	1.1da E	Bunting		LAS	1	
П		VAS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT	ADDRE	SS			-
	4	Les WG	U.H 228-/	8-2493	Mrs. Frence	Sovage -	China	tean	ue Vo	_
		18 CAUSE OF DEATH Enter of	only one couse per line for (o), (b	i, and ic				BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUS	ATE CAUSE (a) CARP	DEFNIC	c SHOCK					
			DUE TO, OR AS A CONSI	QUENCE OF						
		Conditions, if ony, which	(b) ACU	_	ANTERIOR .	LATERAL	MI			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	QUENCE OF			132105			Ţ.
		underlying couse lost	(c)					300	23.00	
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN	PART 110	>	_
	CERTIFICATION									
2	ICA	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE			
	ET I	COST TO THE				YES NO	YES [NO 🗆	
5		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)		
	S S	(IF EITHER, NOTIFY MEDICAL EXAMINE		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	.wn	COUNTY	STATE	
E	^	AT WORK AT WORK								
			oital) oftended the deceased from	100	26 19.85		7 19_		that 🛶 (we) la	st
			ot view the body after death.		nd that in (my) (our) opinion d	eoth occurred on the d	ate and haur ond	fram the	couses stated	
		22b. SIGNATURE		34.13	DEGREE	11501611		22c. DATE	SIGNED	
		Dennis	& Chadnich	/		MEDICAL STAI		11/2	9/88	
		228. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			/		
	230 B	SURIAL, CREMATION, REMOVA		230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	40	UNIY	STATE	^
		Burial	Dec 2-1985	Dien:	ling Come	Chincotea	que, Ac	come	Les. U	2
	24 FU	INERAL DIRECTOR	Fox Fur	eial 14	orne 25E DATE	RECID. BY REGISTRAR	HE REGISTRAR	SSIGNAT	URE	
		hailhe	Philad	Langer	12. 2288 FC	C) Sales	July Day!	1901-17	and the same	

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BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Calard A STATE OF THE STA Market and the same of the sam

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEICATE DE DEATH

REGISTRAR		CERT	IFICATE OF DEATH	REG. NO	0		
I. DECEASED NAME	FIRST	MIDDLE	LAST		MONTH DAY	YEAR	26. HOUR
(TYPE OR PRINT)	eanard	5	Nets	1	1-5-1	985	8:35
3. SEX	4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
Male	W		ept. 23 1910	75	YRS.	NIMS DATS	HOURS MIN.
70 BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY O	_	FDEATH	
Virginia	US		WED DIVORCED	Wicom	100		MD
O CITY OR TOWN OF DEA		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON	126 KIND C	OF BUSINESS OR
Salisbury	Salis	bury Nursi	no Home.	(TIPE OF WORK FOR MOST O	F WORKING [IFE]	INDUSTRI	
USUAL RESIDENCE (IF NUR	NG HOME OR OTHER INSTITUTION	GIVE RESID INCE BEFORE ADMISSIO		12. STREET ADDRESS	ZID CODE		
Maryland	Wil	Fruitland	YES X NO	Box 238	21826		
14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
Edward	MIDDLE	Savers	Mario	MIDDLE		Moore	
160 WAS DECEASED EVER		166 SOCIAL SECURITY NO		ADDRE	SS	1202	
(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	229 01 2460	Tohn Save	ers, Fruit	land.M	id. 2	1826
	H (Enter only one couse pe				Lana		ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY	Carcinona	Mbladder			/	moni
	IMMEDIATE CAUSE (a)						
Conditions, if any,		OR AS A CONSEQUENCE OF				11.5	
gove rise to imm	nediate						
underlying couse		OR AS A CONSEQUENCE OF					
PART 2 OTHER SIGN	IFICANT CONDITIONS	ONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	ANAL DISEASE OF CON	DITION GIVEN	IN PART 1	
	P.D.	<u> </u>	or vor keepings to the texts	WAL DISEASE ON COM		I I I ANT II	
210 ACCIDENT WAS UND	ION 196 CONE	DITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
EF.				YES T NOT	IN CERTIFYII		S OF DEATH?
210 ACCIDENT WAS UND		OF INJURY	21c HOW INJURY OCCUR				
	AUSE OF DEATH	A.M. MONTH DAY YEAR					
OR CONTRIBUTING CO	ED 21e PLACE	OF INJURY	21f LOCATION				
WHILE NOT WH	ILE I	TREET FACTORY, OFFICE, FARM ETC.)	STREET	City OR TO	WN	COUNTY	STATE
	(this haspital) attended t	he decased from	11-5 10 8-	5 10 11 -	-5 10	81	that (It (we) last
The second secon	at alive on		and that in (my) (our) apinion	death occurred on the do	ate and hour o		
775 SIGNATUR A	nd (did op) wew the bod	v atter death.	DEGREE			22¢ DATE	SIGNO
09/11	DAMEL	11	MD. ATTENDING PHYSICIAN F	MEDICAL STAR		11/	6/0-
ZE PHYSICIAN'S NO	ME THE OF HEHIT	<u></u>	22e ADDRESS	_ OWEGOVE THISIC	INIT L	1	10
230. BURIAL, CREMATION,	REMOVAL 23b. DATE	23c NAME OF	F CEMETERY OR CREMATORY	23d LOCATION			
Burial	11/8/	05	zill	Eastv:		COUNTY	3347
~~~~~	/ -/	Lasti	71 11 - 5	1 ~ CC C C V .		0 . /	3 54 /

DHMH - 16 60M 7/B4 (VRA 15, 4)

use as the burial-transit pe

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

MPORTANT:

TENDING PHYSICIAN: The

24 FUNERAL DIRECTOR Fox Funeral Home, Temperanceville, Va. 23442

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Sept. 23 1910 75

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DCK 238 .1826

229 01 2466 John Savers, Fruitland, Md. 21826

jeljuse ellivies.

-5 Ville ve. 23347

Fox Funeral Home, Pemperanceville, Va. 23442

Pr. Anne. Md. 2185

DHMH - 16 60M 7/B4

(VRA 15, 4)

G. Webster

Leroy

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LATREE Ranks L. L. z An igent association to tended vetering \$352-0-111 in it the state of the s

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDLE	- Shel	AST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
Audrey	C. <	148 T	TON	NOVEMBER	
1 SEX	4. RACE	5. DATE C	A DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	White	10	04 1920	4	rrs.
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
Madison, North Care	olina U.S.A.	WIDOWE		Wicomico	N N N N N N N N N N N N N N N N N N N
Salisbury	Peninsula Genera	al Hos		(TYPE OF WORK FOR MOST OF WORK Housewi	fe 126 KIND OF BUSINESS O
North Carolina Ro	ockingham Madiso	E ADMISSION) N n	13d INSIDE CITY LIMITS?	Route # Box	CODE 18 999995
14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	TAST
Nathaniel	L. Case	5.0%	Minnie		Gann
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)  237-20-		Same as 413	Thomas W. Shel	ton (Husband)
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE (c)	ENCEOF	Premmites	20 Touleps	nn
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	N GIVEN IN PART 1:0
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2}
OR CONTRIBUTING CAUSE OF DE CHEETHER NOTHEY MEDICAL EXAMINE 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PŁACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive or obove, (1) (we) (did) (did	ottended the deceased from 19	, or	nd that in (my) (sur) apinion	death accurred on the date on	d hour and from the causes stated
22b. SIGNATURE	no	m		MEDICAL STAFF DIRECTOR PHYSICIAN	11/26/PS
20750 K V	CRASSO.		Boo S. O	IUISIM St	Spris. MD
230. BURIAL, CREMATION, REMOVAL	00 100 10000		EMETERY OR CREMATORY	23d LOCATION	Rockingham NIC

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

mater death

# FOR STATE REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

тн	DAY	YEAR	2b HOUR
8	190	-	0645

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A. Carrier	
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212	
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MARYLAND 21201	-
ex.	
-	7

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 stows ony injury, or other troumotic event, to

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Harold Thomas  3. SEX  Male  Vhite  70. BIRTHPLACE (STATE OR FOREIGN COUNTY)  COUNTY  COUNTY		KEG. NO.								
		TYPE OR PRINT!				AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
		Harold Thomas			Shipley		November 18,	1985	0645M	
	3. SE				S. DATE C	D. H. H. H. F. B.	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
	1	male	white		Apr	il 3,1918	67 YRS		MIN.	
B	7a. BI	RTHPLACE (STATE OF FOREIGN			8 AA A D D IE I	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH		
/		Md.	US.	A.	WIDOWE		Wicomico		MD.	
X	10) CI	TY OR TOWN OF DEATH				ROTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR	
79	Sa	lisbury	Peninsu	la Genera	al Hos	spital	stationary	engine	er	
1	Ust)					13d INSIDE CITY LIMITS?				
2				Salisb		YES X NO T	302 Hazel	Ave.	21801	
0	14 FA			17.7		15. MOTHER'S MAIDEN NA	ME			
11		Herbert 7	MIDDLE	Ship	lev	Cleedie	WIDDLE	Gib	son	
1				16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		2011	
/	{)	Yes WW	2 PAR OR DATES)	217-05-	7098	Jessie P.	Shipley Item	n # 13		
*		18 CAUSE OF DEATH (Enter on	ly ane couse per	line far a), (b), one	dic.	0 0 -		APPROX BETWEEN	MATE INTERVAL	
		SEX male  BIRTHPLACE (STATE OR FOREIGN TO COUNTY)  CITY OR TOWN OF DEATH  Salisbury  BOAL RESIDENCE (IF NURSING HOME OR OR OR STATE 13b COUNTY)  WINCE  WAS DECEASED EVER IN U.S. ARM (YEX MOOS UNKNOWN)  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MADE)  WAS DECEASED EVER IN U.S. ARM (YEX MOOS UNKNOWN)  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MADE)  WINCE  Conditions, if any, which gave rise to immediate cause in, staffing the underlying cause last  PART 2 OTHER SIGNIFICANT COUNTY (FITHER, NOTHER MEDIATE ALWORK		Wer	GI	bledy		BETWEEN ONSET AND DEATH		
		WWWEDWA		AS A CONSEQUE	ATCE OF					
		gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF COURSE LOST OF COURS							
			(6)			A CVA.	inemia			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
	O									
1)	CAT	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED				
1	TIFE								NO [	
13	CE		110110		V YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2)		
7	CAL		1111		19					
	WEDICAL					211 LOCATION	CITY OF LOWN	COUNTY	STATE	
	~	AT WORK AT WORK	THI HOME SIKE	ELI, FACTORI, OFFICE, FA	anm, cic)	60		01	377.0	
			al) ottended the	deceased from	10	74, 1995	to11 / 18	. 19	that (I) (we) last	
		saw the deceased ofive on above, (1) (we) (did) (did na	view the bady	ofter death	, an	d that in (my) (aur) apinian a	death accurred an the date and h	our and from the	causes stated	
			AK	Tilla -				22c. DATE	SIGNED	
		Cuy o	1,00	(00		ATTENDING	MEDICAL STAFF	11/1	18/85	
7		22d. PHYSICIAN'S NAME TYPE O	PRINT)	, 1=		22e ADDRESS	0 11 0	0 1		
		COUSTANT	ETT	TAN		547-01	Liverside Vr.	Salisbi	in Mic	
			23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d LOCATION		0 1	
		burial	N. U.S. ARMED FORCES?  1866 SOCIAL SECURITY NO.  217-05-7098 Jessie P. Shipley Item # 13    I Enter only and couse per line for iou, (b), and (c).  SCAUSED BY.  MMEDIATE CAUSE IO)  DUE TO, OR AS A CONSEQUENCE OF  Which  I the  I to I t							
34	24 FU							STRAR'S SIGNAT	URE	
		THOMAS FUNER	AL HOM	E CAMBRI	BGE N	ID. NOV. 2	5 1998 Julia Dev	idean-Hand	ABC.	

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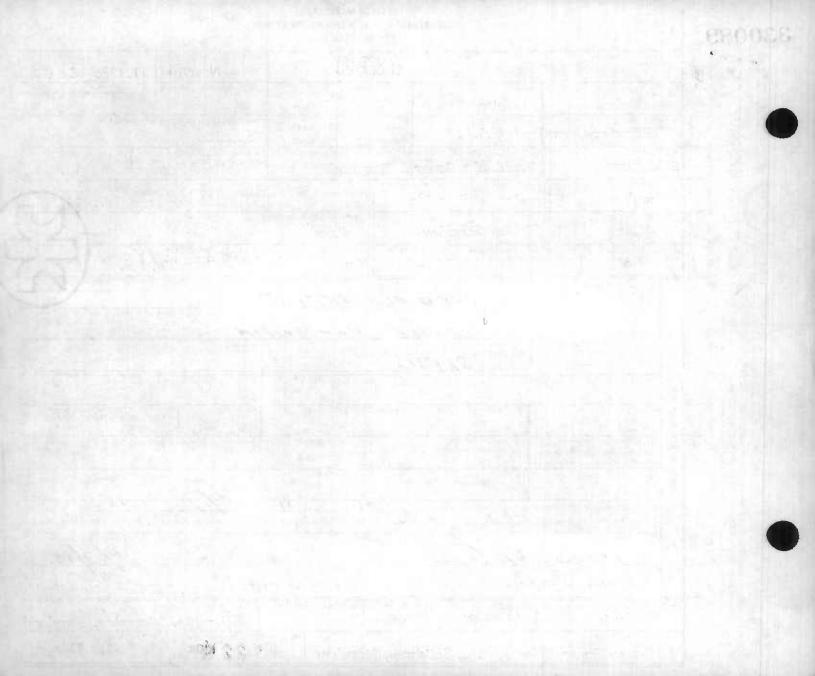
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).	
1	1. DECEASED NAME FIRST NORman	Purnell	Sho Sho	ckley	20. DATE OF DEATH A	1	26 HOUR 35 2050 _M
	Male	White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	DATS HOURS MIN.
1	Parsonsburg, Marylo		MARRIE		Wicomico	ATTY	<b>гн</b> мд.
5	Salisbury	Peninsula Ger	neral Ho		(TYPE OF WORK FOR MOST OF Retired F		ND OF BUSINESS OR STRY
6		omico Pitts	TOWN ville	13d INSIDE CITY LIMITS? YES NO	RFD#1 G	ZIP CODE Umboro Rd	. 21850
1	Lee	Shockle		Lucy	Cindy		earn
1	160 WAS DECEASED EVER IN U.S. ARMI		36-0744	Route #1 Box	N. Dale Shoc 290 - Pittsv	kley (Son) ille, Md.	21850
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b) SEA  DUE TO, OR AS A CONS  (c) CONTRIBUTING	SEQUENCE OF SEQUENCE OF STO DEATH BUT		TIM ,	DITION GIVEN IN PAR	
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU YES	
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  270 I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did nat):  22b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE OR P	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF  I) attended the deceosed In  view the body atter death.	rom 31, ar	211 LOCATION STREET  19  10 that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	CITY OR TOW	te and hour and Iran	TY STATE
	William H. Ro				ivic Avenue,	Salisbury,	Maryland
	(SPECIFY) Burial	11/21/85		w Cemetery	Pittsville	, Wicomic	o, Maryland
	24 FUNERAL DIRECTOR			25a DATE	PECID BY PEGISTRAP 2	SE DECISTRAD'S SIC	ANIATIIDE

NOV 22 1985

Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

# STATE OF MARYLAND

- STATE REGISTRAR		DI.		CATE OF DE		REG. N	^		
L DECEASED NAM	FIRST Hilton	n E	SHOR	AST RT		20. DATE OF DEATH	MONTH I	5	730 730
). SEX	4. F	BIK	S. DATE O		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE ( COUNTRY) Frank	Ford De	CITIZEN OF WHAT COL	WIDOWE	- hand	RRIED A	9. BALTIMORE CITY C		OF DEATH	м
Salish	ury /		ead Cente		UTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF A POY E		) INDUSTRY	r M
Md.	136 COUNTY	ER INSTITUTION, GIVE RESIDEN PS+ER 136. GHTX C			10	14#2	BOX	03	
IA FATHER'S NAM	AMES MIDE	Sho	AST	15. MOTHER'S A	AriA	E MIDDLE		LAST	
(YES, NO OR UNKN	D EVER IN U.S. ARMEI OWN) (IF YES, GIVE WA		-61-6179	JOAN	Colli	NS 3	o, Box	263 md.	218/1
Canditions,		1/1/1/1		V Dive	rel (	Ceel C	a of	30	day
NOL	OPERATION	196. CONDITION FOR				200 AUTOPSY? YES NO	20b. IF YES	, WERE FINDIN YING CAUSES	IGS USED
00.00	WAS UNDERLYING OF DEATH DITEY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJU	IRY OCCURRE	D (ENTER NATURE OF INJU	DRY IN ITEM 18 P.	ART 1 OR PART 2)	
(IF EITHER, NO 21d, INJURY WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM ETC )	21f. LOCATION STREET		CITY OR TO	NWO	COUNTY	STATE
saw the	deceased alive an	ottended the deceased	19 85 an	- () (a d that in (my) (a	ur) apınian d	eath accurred on the d	ate and have		that (I) (we) last
22b. SIGNAT	lsa lu.	Comi	MIN	PH	ENDING YSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED
22d. PHYSIC	AN'S NAME (TYPE OR PR	INT}		12e ADDRESS					

DHMH - 16 50M 4/B3 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

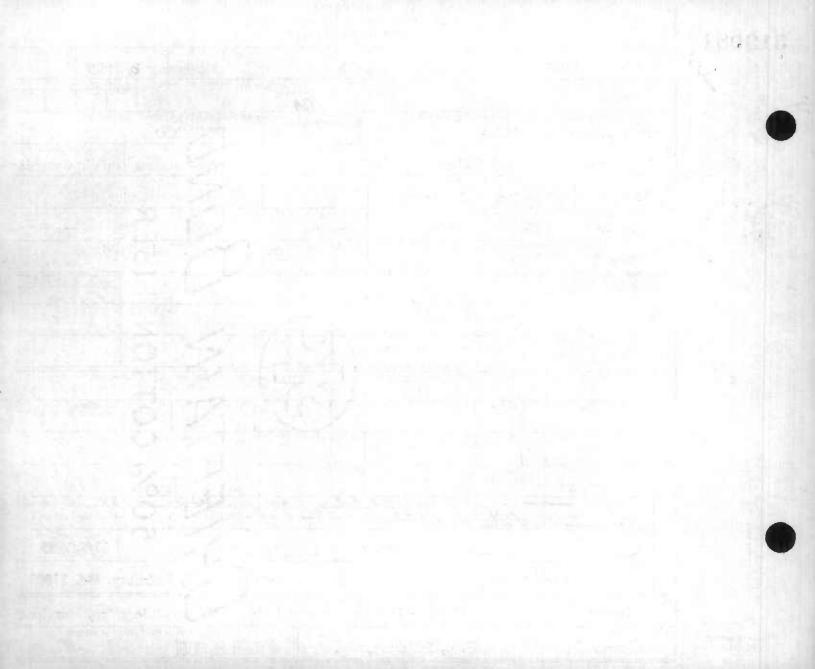
MOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 211-27-85 EVEL GLEEN 250. DATE REC'D. BY REGIST MEMORY 1-250. DATE REC'D. BY REC'D. BY REGIST MEMORY 1-250. DATE REC'D. BY REGIST MEMORY 1-250. D

WOK.

1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 26 1985

The last of the second of the

STATE OF MARYLAND



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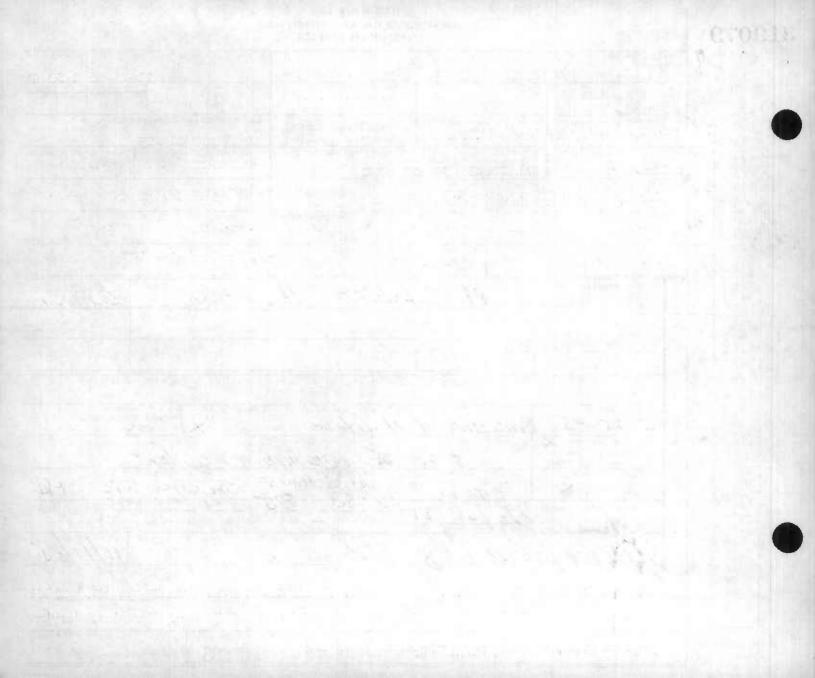
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME	FIRST		MIDDLE	i	AST	2a. DATE OF DEATH		DAY YEAR	26 HOU	R
	(TTPE	OK PRINT)	WI	LLIAM	Thomas	SMIT	H , Jr.		11	1-11-85	2.50	0 AM
	3. SEX	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	
N	1	Male		Whit	e	02	26 1938	47	YRS	NONTHS DATS	HOURS	MIN.
1	_ 0	RTHPLACE (STATE OF			WHAT COUNTRY?	8 MADDIE	D KNEVER MARRIED	9 BALTIMORE CITY	OF DEATH	FDEATH		
2	Pr	incess Ann	e,Mar	yland (	J.S.A.	WIDOWE		WICOMICO		MD.		
1	10. CI	Y OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	FBUSINE	SS OR
4	Sal	Lisbury			URY NURSI		ME	Supervisor			osal	
C	13a S	AL RESIDENCE (IF NURS	112h COLIN	ITY		E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE			STOP
7		aryland	Wic	omico	Salisbur	У	YES NO	105 Caroly	n Ave	nue	2180	1
2	14 FA	THER'S NAME		MIDDLE	LASI		15 MOTHER'S MAIDEN NA			1041		
1		William	Th	iomas	Smith,	Sr.	Mary	Elizabet		Háll	1	
1		VAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17 INFORMANT M	rs Joan P. Si #13e	mith (	Wife)		
		Yes UNKNOWN)			218-34-	9962	Same as	#13e	112.11	,,,,,		
1	7	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for 101, 161 ar	nd igni	1	1	200	BETWEEN	MATE INTER ONSET AND	VAI DEATH
1		O 19	IMMEDIA	E CAUSE (o)	Kt. Sc	16 QC	IRM HE	was tona	-	61	2205	1
		0///		DUE TO, O	R AS A CONSEQU	ENCE OF				7 7 827		
		Conditions, if ony,		(b)								
		couse (a), statin	g the	DUE TO, O	R AS A CONSEOU	ENCE OF						
ď		underlying cause		( (c)_								
ì	z	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVI	EN IN PART 110	>	
1	TIO	19a DATE OF OPERA	ION	TION COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	Tank IE VEC	, WERE FINDIN	ICC LICET	
1	CERTIFICATION	5-25-	RI	Files	Laco -	1	wo fo ma		IN CERTIF	YING CAUSES	OF DEAT	H?
1	ERT	21a. ACCIDENT WAS UNE	DERLYING F	1 21b. TIME O	FINITIRY	170	1214 HOW IN HIRY OCCUM	YES NO	_	ART I OR PART 2)	NO [	
		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	1 14 000	1 L /12 - 1 -	1/00	A A		
	MEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e. PLACE		A	OWID MIS	DITE WEEL	14cm	9'		
	ME	WHILE   NOT WH	THE SE	(AT HOME STE	REET, FACTORY OFFICE.	FARM, ETC.)	Rt 13+ HAIR	ST. SALIST	BURY	10,0	É	2
)		22a.l certify that (I)	N		HEEI	16	30 0	5	, ,	10		7
1		sow the decease				7 ,01	nd that in (my) (aur) opinion	death occurred on the d	ote and hour	r and from the	that (I) (v	ve) lost
ī	-	77h SKRANTURE	(did no	t) view the body	ofter deoth		DEGREE.			774 DATE		-
		11111	11 1	Sell	16/8	1/	ATTENDING PHYSICIAN	MEDICAL STA	FF CIANI	111/	1/8	5
		THE PHYSICIANS NA	AME HE O	e Princity	on co		22e ADDRESS	DIRECTOR   PHISIC	IAN []	1./	110	_
		EARL M. H	REARDS	SIFV	M.D.		DT 50 AT C	IVIC AVE. S	ATTODI	msz sm	21	901
	23a. B	URIAL CREMATION		23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	ALLISBU	IRY, MD.	- 61	OUL
	(	SPECIFY) Burial		11/13	/85 V	/icomi	co Memorial F	Park Salisbu	y, Wic	comico,	Mary	Tand
	24. FU	INERAL DIRECTOR						TE REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE	
		Holloway F	unera	l Home,	P.A., Sal	isbury,	Maryland NO	V 1 3 1985	- Sibole	widson-178	indesa	parts.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detoched for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal OR ATTENDING PHYSICIAN The low

> DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 20 is morked or hem 18 thorn any injury, or other troumatic event,



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ATTENDING PHYSICIAN: The low requires that the death ceruficate be

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

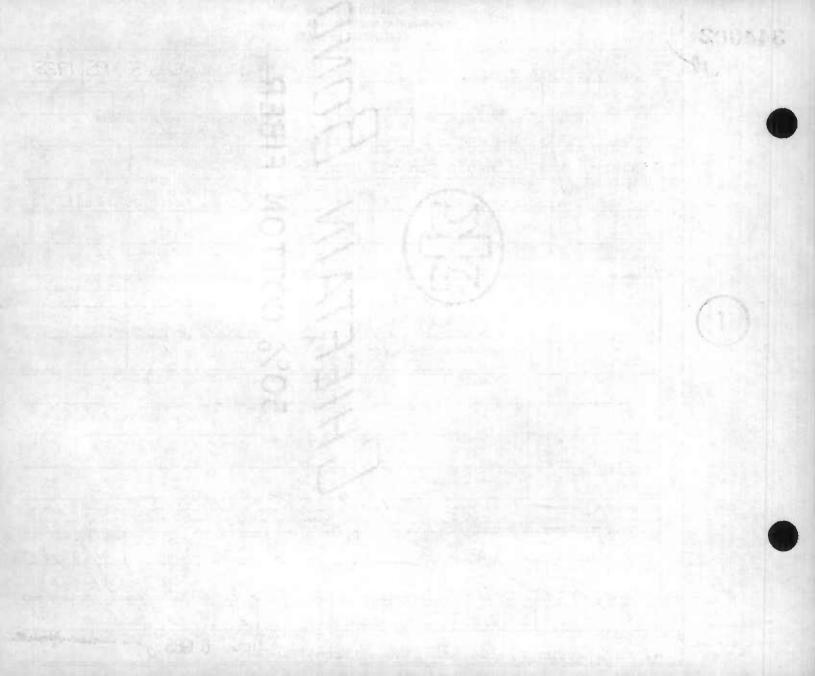
	1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	).			
		CEASED NAME FIRST	MIDD	LE	-	ASI	2 a	DATE OF DEATH	нгиом	DAY YEAR	2b. HOUR	
		Helen Virginia	Cross	land	Stree	ts	23	Novemb	نملا	30,1985	193	5,
	3 SEX		RACE	Mella	5. DATE C	OF BIRTH	6 A	GE (IN YEARS LAST BIRTI	HDAY)	IF UNDER I YEAR	IF UNDER 24	
d	1	Female	Caucas	ian	12		1 6	3	YRS	MONTHS DAYS	HOURS	MIN.
1		RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WH.	AT COUNTRY	(? 8	D NEVER MARRIED	9 B	ALTIMORE CITY OF		Y OF DEATH		
1		West Virginia	U.S.A		WIDOWE		ā l	Wico	mico			MD,
1			. NAME OF HOS	PITAL, NURS		OR OTHER INSTITUTION		USUAL OCCUPATION		12b. KIND O	BUSINES	
4	Şa	lisbury, Md.	Peninsuch fa	ila Ge	eneral	l Hospital		ousewife		IFE) INDUSTRY		
1	13a. S	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION GIVE	RESIDENCE BEFO	DRE ADMISSION	1 13d INSIDE CITY LIMITS?	2 1305	STREET ADDRESS /	ZIP COD	F		
2				Berli		YES X NO	R	Rt. 2, B	ox 1	65A/21	311	
2	14) FA	ATHER'S NAME FIRST MIE	DOLE	LAST		15 MOTHER'S MAIDEN		WIDDLE		. 457		
	/ :	Mason		Cook		Maselle		WIDDLE		Kes	sner	
1		VAS DECEASED EVER IN U.S. ARME		SOCIAL SEC	CURITY NO.	17 MPRSANT Pat	tric	cia Cros	\$lan	d, Tra	pp R	d.,
Such		No No	2	15-16	-4592	Berlin,	MD	21811				
		18 CAUSE OF DEATH (Enter only	ane cause per line	far (o), (b), c	yd ich	1				APPROXIM BETWEEN O	NATE INTERVA	ATH
	8	PART I. DEATH WAS CAUSED IMMEDIATE		Cand	lac	Driet	46	4				
H			DUE TO, OR AS	S A CONSEQ	UENCE Q5	/		0.0	, /	'		
		Conditions, if ony, which	( 1b) C	Reubie	on	levos me	nou	andeal o	1/11	cella		
	90	gave rise to immediate cause (a), stating the	DUE TO, OR AS	S A CONSEO	UENCE OF	(			1			
		underlying cause lost.	(c)				2.35					
	7	PART 2. OTHER SIGNIFICANT CO	nditions <u>cont</u>	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL	DISEASE OR COND	ITION GI	VEN IN PART 110		
_	CERTIFICATION											
	CA	190 DATE OF OPERATION	196. CONDITIO	N FOR WHIC	H OPERATIO	N WAS PERFORMED	2	0a AUTOPSY?	106. IF YE	S, WERE FINDIN	GS USED OF DEATH	?
	RTIE		A11 THE OF B	111111111111111111111111111111111111111		Tot mountaine		ES NO		ES 🗌	NO 🗆	
1		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF IN HOUR A.M.		DAY YEAR	21c. HOW INJURY OCC	URRED	(ENTER NATURE OF INJURY	Y IN ITEM 18	PART 1 OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19							
	MED	21d INJURY OCCURRED	11e PLACE OF I		E, FARM ETC )	211. LOCATION		CITY OR TOV	VN /	COUNTY	51A	TE
	1	AT WORK AT WORK			- //	129 9	1	1/20	100			
		22a.1 certify tha (1) this hospital	. /	10	. /	nd that in (my) (aux) apinio		10 11/30	0 )	. 19	ha ()	ù last
	M	saw the deceased alive an abave (II) (was (did) (did not) v	new the bady after	er death.			ion dear	occurred an the da	te and ha			.d
		III SIGNATURE	-//	0		DEGREE ATTENDING	3 _ MI	EDICAL STAF	F	22c DATES	IGNED	1 -
1		226. PHYSICIAN S NAME (TYPE OR P	2(8/7)	ac l'		PHYSICIAN 122e ADDRESS	DIF	RECTOR PHYSICI	IAN 🗌	11/	30/0	15
		01	10	./	-	0	01	3/5/	1	200	100/	
	22- 0	Chan Ino	·Ula	0000	NAME OF S	0080X		5 6 Jello	OKI	4100	0 /	
	- 1	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12/5/8			EMETERY OR CREMATOR	(1)	3d LOCATION  CITY OF TOWN  Fruitla:	nd W	COUNTY C	o M	5
		JNERAL DIRECTOR	12/3/0	5 4	TOIL C	emetery	DATE REC				_	nde
		W. Kirk Burba	100	ADDRESS	S+	Berlin, MD		LU 6 9	35 1	The same	an-Man	Ilorens
		*** ALLA DULDA	1C, 100	MILLO	0601	DOTTITIO LIT			U			

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygene prior to burial, cri IAPORTANT: If them 21 is morked or them 18 shows any injury, ar oth

(VRA 15, 4)

BP.



330029

1 - STATE

4. FATHER'S NAME

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
DECEASED NAME TYPE OR PRINT)	rest &	Towe	November 12	DAY YEAR . 1985	26 HOUR
SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male.	White	Oct. 4, 1892 YEAR	93 YRS	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT WICOMICO	Y OF DEATH	<i>N</i>
CITY OR TOWN OF DEATH Salisbury	Peninsula Gener	AG HOME OR OTHER INSTITUTION ADDIESS HOSPITAL	120 USUAL OCCUPATION (TYPOF WORK FOR MOST OF WORKING L		f BUSINESS O <b>Zera</b>
L RESIDENCE (IF NURSING HO ATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13. CITY OR TOW		130 STREET ADDRESS / ZJP COD	E Staget	222%

William Cherry 7	owe LAST	Laura M	Lan Banks	LAST
160 WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO. 229-10-1579	Ternell E. Boot	he, Chincoteague,	Virgin

18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for iai, (b), and ic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
IMMEDIATI	CAUSE 10) RUTTURED ADRTIL AMEURYON	1 DAY
	DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
underlying cause last.	(c)	

15. MOTHER'S MAIDEN NAME

HILL	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?  YES NOW				
CALCER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	7 2)		
MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNT	Y STATE		

21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK

22a I certify that (1) (this hospital) attended the deceased from and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

> 23c NAME OF CEMETERY OR CREMATORY John Taylor Cemetery

ROBERT BLLEN

230. BURIAL, CREMATION, REMOVAL 236. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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nest E.

viite vet. 4, 1892 43

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roremn reduction

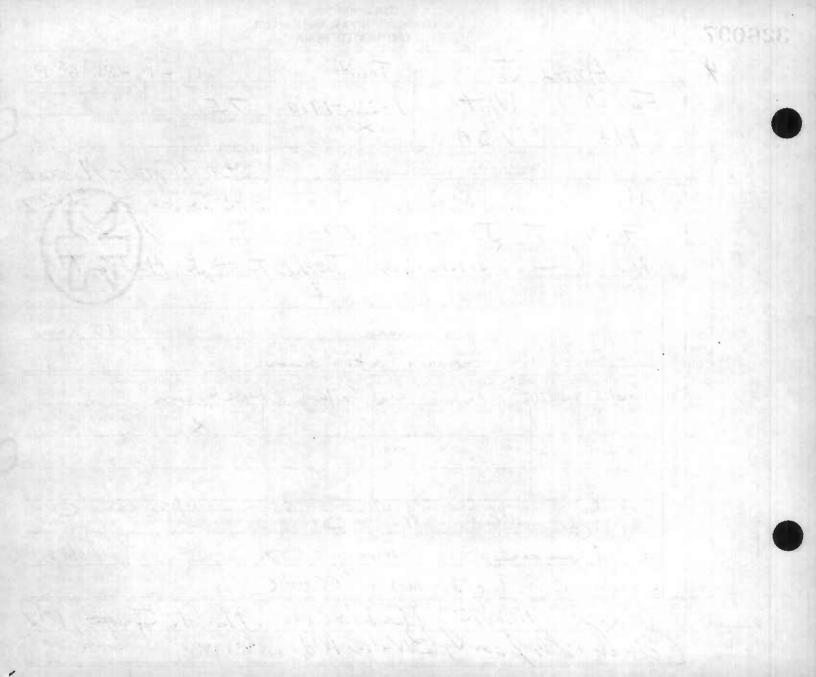
Vin inia 10 on ch Chinco ten ue 1 South, ain Street 23730

Leura wine was

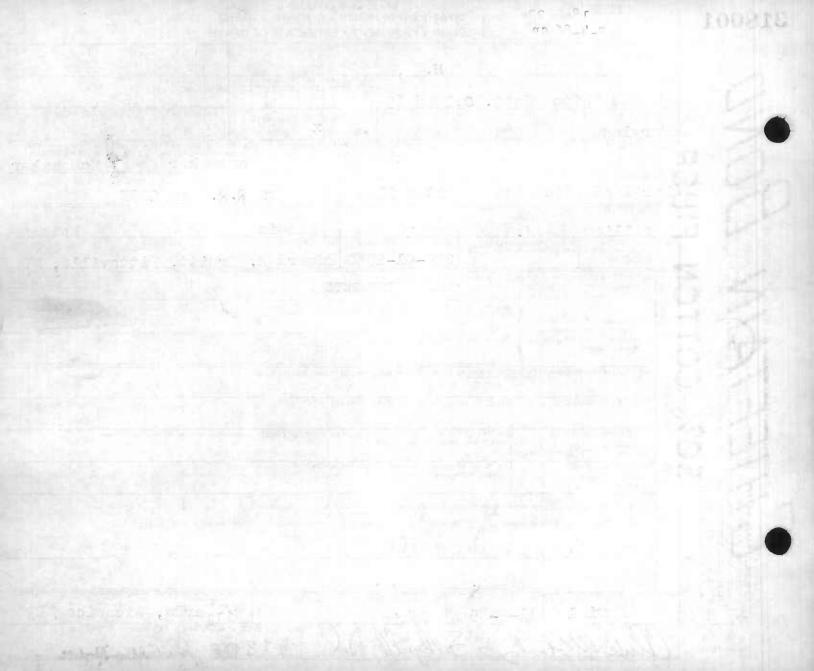
10 229-10-179 Toroll : out, Cincoteane, Vininia

11-11-5 John Taylon Cenetery Teneranceville, Vincinia

wrigh



04	0004		OR ITEM 2 2 2	28			ARYLAND	VOIENE A	17 6	, ,	
31	8001	1-	STATE 2 1 86 CV		DEPARTMENT OF H			FDEATH	0 4	. / 3	-4
			REGISTRAR FIRST	ME	DICAL EXAMINI		TAST	K	EG. NO.		for Heavis
		(TYP	OR PRINT)				LAST	OF EST DEATH MAT	I- WONTH		26 HOUR
	OR. OR. URS. EET,	2 05)	ESTHER		Н.		RUITT		ED []11-6		M
	STREET	3 SE)	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEA LAST BIRTHDA	Y) MONTH	DER 1 YR. IF UNDER	MIN PRONOUNCED	Mortin		2d HOUR
/	ON OUT	-	emale White	Sept.10		S.		DEAD		-85 19	11:30
	RESSARY, PLEASE DRECTOR. DR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRI	77	ED 🔲	CITY OR COUN		
	An In the same		aryland	USA		WIDOW			co Count		MD.
	S S S S S S S S S S S S S S S S S S S		TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,			12a USUAL OCCUPATION FOR MOST OF WORKING L		OR INDUST	RY RY
	ADS HOOF		alisbury			Hosp	ital	Homemaker		Homema	aker
11201	SCORE SCORE	130 S 130 S	RESIDENCE (IF IN NURSING HOME OF		PITTS OR TOWN	le	13d. INSIDE CITY LIMITS?	R.R. Box	205F	2185	0
. 9	- Frank #	14. FA	THER'S NAME				15 MOTHER'S MAIDE	N NAME		70	
2.3	4-855		William	MIDDLE	Ha. ] ]		Annie	MIDDLE		Mels	202
NO B	00230 -		AS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECURITY	NO.	17. INFORMANT		DRESS	1.61;	5011
17	NE PER PER PER PER PER PER PER PER PER PE	(4	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-01-2	580	Edward H	. Truitt.	Pitts	771770	TITO
2	NATIONAL DIV		18 CAUSE OF DEATH (Enter on	v one couse per line				110100	11000	APPROXIMATI	EINTERVAL
15	A SAGE		PART I DEATH WAS CAUSED	BY: E CAUSE (a)	BRAIN IN	FARC'	rs			BETWEEN ONSE	I AND DEATH
PRESTONS	2E0#35		IMMEDIA		AS A CONSEQUENCE C	F	and the state of t				
SES	ARZ B		Conditions, if any, which							1 334	
-	E ZE ZE		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE C	F					
201 W.			lying couse last.	(c)							
12	AAABAA		PART 2 OTHER SIGNIFICANT CONDITIONS		RUT NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a)			
RECORDS	S A LEEM	Z									
84	L CAMPE	Y	198. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	W NOITA	AS PERFORMED?			20. AUTOPSY	?
DIVISION OF VITAL	SHOULD ORD "PEI CHIEF A E USED A T OF HEA URIAL, O	MEDICAL CERTIFICATION								YES [X	NO 🗌
J-V	L OBERT	W W	210 EXTERNAL CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY YEAR		OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART I OR PA	ART 2)	
NO	SHOOKS	1 3	UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M							
VISK	ERT ING SEPA PRI	ED	21d. INJURY OCCURRED		OF INJURY (AT HOME,		CATION	CITY OF TOWN		DUNTY	STATE
٥		2	WHILE AT WORK	]	1001, 100,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITIONIOWN		IUNIII	STATE
	ATE, WATE, WORWA	1	22a. I certify that I took charg	e of the remains de	scribed obove, held an	Autop	sy X, Inspectio	n , Inquiry	ond in my or	pinion	
	AND THE NAME OF TH			ol causes		cide L	. Homicide	Undetermined manner			
	EXAMI CERTIF ULD BE ULD BE , WITH MARYL		Δ1		111 00						
	THOUSE T		ACTUAL SIGNATURE	see Wr	eyerell	M	Assistant	MEDICAL EXAMINER		11-7-85	
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		V						310141		
	A SECTION	1	(TYPE OR PRINT) Marc	parita A.	Korell, M.D.		ADDRESS 111	Penn Street			
	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PATER DEATH THE STILL THE THE SHITTING THE THE SHITTING	23a.B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CEM	AETERY O	R CREMATORY	23d LOCATION	44 COU	MIE 4 3	Alt
07/84	1201	_	Burial	11-9-85	Lewis			Section of Complete Section Se	, Wico		D
25M	DHMH - 17	24. 5	DIRECTOR 1110/	ADDRESS	- 11 11	1	250. DATE	REC'D. BY REGISTRAR 25	REGISTRAR'S	SIGNATURE	1000
	(VR A15 ME (5))	1	Harley W/ An	etso.	Delbyrille	1/2	X. NOV 1	3 1995 July	Leider	Buch	
				-				11		AND DESCRIPTIONS	-



	STATE OF MARYLA
OP.	DED A DEMPHE OF HEALTH AND A

330046	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	32/53
2/3		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	10
25	,,,,,,	Evely				-21-85 6:40 A _M
ge 4 moy	3 SEX	FEMALE	4 RACE WHITE	JUNE 23, 1906	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
P 20 P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COL	
deoth.		MARYLAND	U.S.A.	WIDOWED DIVORCED DISTRIBUTION	WICOMICO COUN	MD,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SA	TY OR TOWN OF DEATH ALISBURY	SALISBURY NURSI	NG HOME	(TYPE OF WORK FOR MOST OF WORK PAYROLL	126. KIND OF BUSINESS OR INDUSTRY U.S. ARMY
n 24 hou	13a. S	ARYLAND WORC		YES X NO	13e.STREET ADDRESS / ZIP 602-B OSP	REY DRIVE 21842
mpletely and 2 s	14 FA		NRY ZIEGI	ER CLARA	AME	GRIMES
dicore de		VAS DECEASED EVER IN U.S. AR			ADDRESS	
on ond S. Poges		NO	218-22-0	124 JOSEPH R.	TYDINGS, III	BERLIN, MD 2181  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificate sen signed by the attending physic t. Then please remove carbon paper or to buriol, cremation, or removal y injury, or other traumatic event, the	ION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO D	ENCE OF SEATH BUT NOT RELATED TO THE TERM		S Z
n. nos bee permit. ne prio	FICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
IG PHYSICIAN: The ottending physicion fer this certificate he is the buriol-tronsit p ond Mentol Hygien ked or tem 18 show	ICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH DA		YES NO	YES NO NO MIS PART 1 OR PART 2)
or offending After this ce os the bud of the ond Medor I morked or I	MEDI	21d INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
by the hospitol or ERAL DIRECTOR, at e detoched for use o Store Dept. of Health		276 I certify that (1) (this hosp saw the deceased alive on above 1) (we) (chall think the SIGNATURE )	of PRINT	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF ORRECTOR PHYSICIAN	7
TO HOS	22- 5	DR. WILLIAM RO			T23d LOCATION	JUKI, PID. 21001
BP	-	BURTAL  SPECIFY)  BURTAL  JNERAL DIRECTOR		BALTIMORE CEMETAL  BALTIMORE CEMET	ERY BALTIM	ORE, MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME	NSON8521 LOCH	RAVEN BLVD	TE REC'D. BY REGISTRAR 256. RE	TAID I A MONTO PROPERTY CITY OF

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# Valent III

Wis 1929 1929 1929 1929 1929 discount and the second Mania 12 p. 10 ml | Doyo Frank Los Length & Mania 1 p. 10 Properties interest to the state of the st Total Contract of the contract December Majorandust Obligarioter 25 Regard It greated a 7. 1/4/35 Alterior Hampanton, ... Person Hampanton, M. 21853 Telegraphic blockship when we there are a september 19548 to the redumn a Louis Cristian, in. 2127 ... 2005 - will reduce to

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1. DI					REG. NO		
	ECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH N	AONTH DAY YEAR	2h HOUR
		RACE	B. VAN	HUKEN	NOV.1	7,1985	1755
3. St	EX	4. RACE		ATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DATE	
1	Male	Whit	te	6 17 03 YEAR	82	YRS	NOOKS M
	BIRTHPLACE (STATE OR FO		WHAT COUNTRY?	ARRIED ARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
_	Pennsylvani			DOWED DIVORCED	Wicomico 12º USUAL OCCUPATIO		
V	CITY OR TOWN OF DEA	(IF NOT IN SU	ICH FACILITY, GIVE STREET ADDRES		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	of Business ance C
	alisbury	<u>IPeninsi</u>	Ila General	Hospital	Owner	Tillagr	ance c
		13b. COUNTY Wicomico	13c. CITY OR TOWN Salisbury	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 502 Tony	ZIP CODE Tank Lane	21801
14 F	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	t.	AST
		N U.S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRES	S	
	(YES, NO OR UNKNOWN) Yes	(IF YES GIVE WAR OR DATES)	159-01-700	Mrs. Ida V	an Auken - S	ame as #13	
	Canditions, if any, gave rise to imm couse (a), stating underlying cause	which (b)_ lediote g the last (c)	OR AS A CONSEQUENCE  MY CANA  OR AS A CONSEQUENCE  ONTRIBUTING TO DEATH	lead Infance	MINAL DISEASE OR COND	ITION GIVEN IN PART I	Ita
NO NO	Pa	mas Tie	Least	Tailure			
7		I TILLY I AM					
TIFIC	190 DATE OF OPERAT	196 CONE		RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
CAL CERTIFICATION	190 DATE OF OPERAT  210. ACCIDENT WAS UNDION OR CONTRIBUTING	ERLYING   21b. TIME C		21c. HOW INJURY OCCUR		IN CERTIFYING CAUSE YES	S OF DEATH?
MEDICAL CERTIFIC.	210. ACCIDENT WAS UNDI	AUSE OF DEATH ALL EXAMINER!  ED  21b. TIME ( HOUR A P 21c. PLACE (AT HOME. S1	DITION FOR WHICH DPP DF INJURY A.M. MONTH DAY Y	21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSE YES  IN ITEM 18 PART I ORPART 2)	NO [
	216. ACCIDENT WAS UNDION OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) saw the decease above (1) (1)	AUSE OF DEATH ALL EXAMINER!  ED  21b. TIME ( HOUR A HOUR A P 21c. PLACE (AT HOME. S)	OF INJURY  OF INJURY  OF INJURY  OF INJURY  REEL FACTORY OFFICE, FARM ET	YEAR 19 211 LOCATION 51REE1  , and that in (my) (2017) apinion	YES NO CITY OR TOW	IN CERTIFYING CAUSE YES  IN ITEM 18 PART I ORPART 2) IN ORPART 20 IN O	STA , tha  toe e causes state
	21a, ACCIDENT WAS UNDIOR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d IN JURY OCCURR) WHILE NOT WHAT AT WORK AT WORK 22a.1 certify that (1) sow the decase	ERLYING 21b. TIME ( AUSE OF DEATH AL EXAMINER)  ED 21e. PLACE (AT NOME ST  A  (bb. baption attended to dive an included of the control of the con	OF INJURY  OF INJURY  OF INJURY  OF INJURY  REEL FACTORY OFFICE, FARM ET	21c. HOW INJURY OCCUR 19 211 LOCATION STREET	YES NO CITY OR TOW	IN CERTIFYING CAUSE YES  IN ITEM 18 PART I OR PART ?)	STAI

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, crematian,

TO HOSPITAL OR ATTENDING PHYSICIAN:

NAME Anatomy Board

Remova]

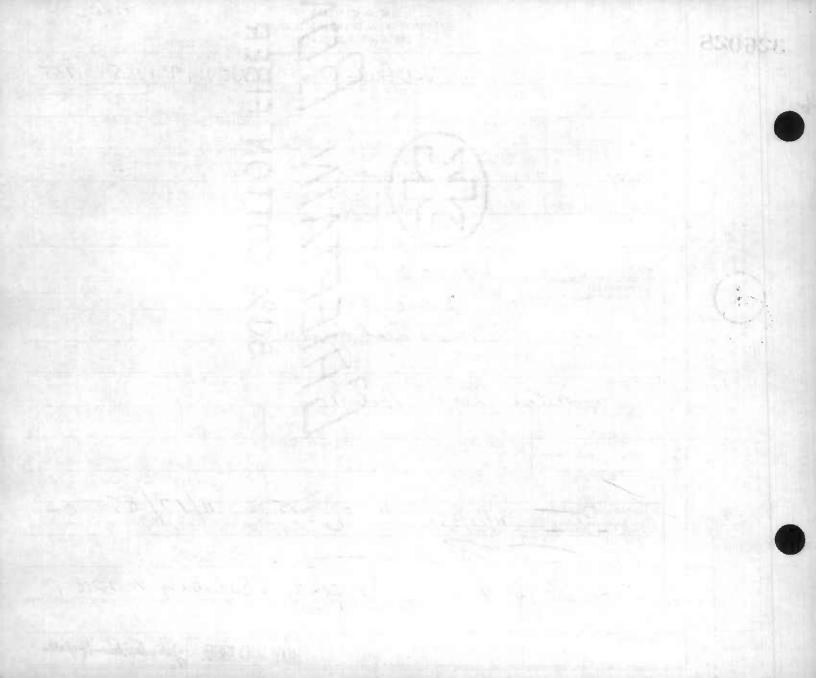
24 FUNERAL DIRECTOR

11/18/85

Balto., Md

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
NOV 2 0 1986.

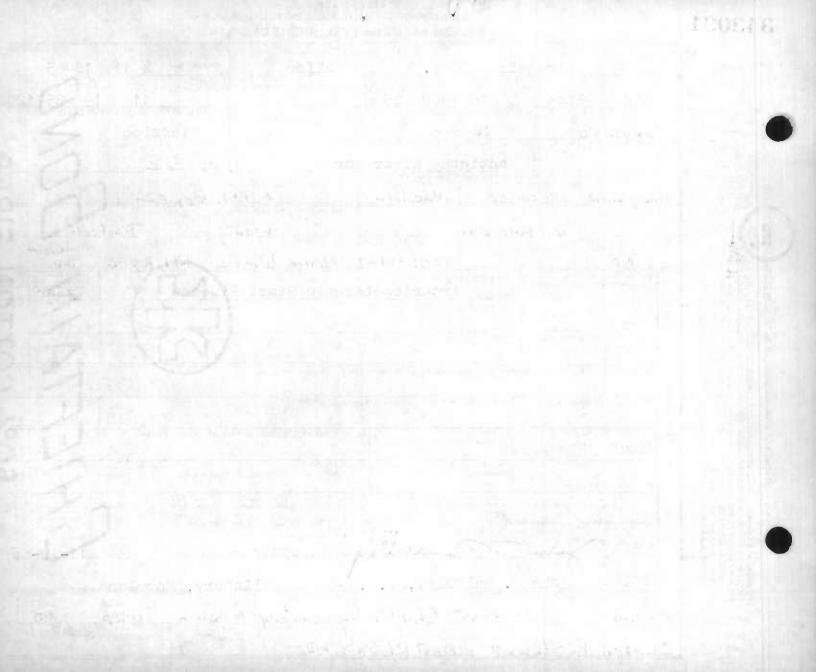
Sulfan Junion - Amelian



STATE OF MARYLAND

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	ARY, PLEASE DIRECTOR. OUR FILES. V 72 HOURS ON STREET,	3. SEX	14	RACE		OF BIRTH	J.	AGE (IN YEA		Valler	INDER 24 HRS			MONTH		YEAR 2d. HOUR
	REC REC				MONTH	DAY	YEAR	LAST BIRTHD	MONTH			PRONOI	JNCED		40	
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		11	LARYLA	WD		U.	S.H		WIDOW		IVORCED [		Nicor		1101 1215 15	MD
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10	MARTIN		Condition	, if any, which		DUE TO, OR	AS A CONS	EQUENCE	OF							
2	三 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		gave rise	to immediate	e /	(b)						134	100			
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8	S S S S S S S S S S S S S S S S S S S					(c)							-	141		
DIVISION OF VITAL RECORDS	RTIFICATE SHOULD BE LIKE WIGTHE WOORD "FENDING" OT THE CHIEF MEDICAL SHOULD BE USED AS A BURNATOF HEALTH PRIOR TO BURIAL, CREMA	Z	PART 2 DINER SIG	NIFICAN) (DNDI)IDN	CONTRIBUT	ING TO DEATH I	NUT NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITION GIV	EN IN PART 1 (g).					
NE NE	EAL ONE	CERTIFICATION	190. DATE OF	OPERATION		96. CONDIT	ION FOR W	HICH OPER	ATION W.	AS PERFORMED	)?		100		120 AU	JTOPSY?
Z	SHOULD ORD "PE CHIEF A CHIEF A	5													- 3	
>	WORL WORL WIND BE CHI	E	210 EXTERNAL	CAUSE WAS	12	16. TIME OF	INJURY		Tale HO	W INJURY OC	CURRED JENT	ER NATURE OF	INJURY IN ITE	M 18 PART 1 OR I		S U NOX
0	THE W		UNDERLYING	OR		HOUR A.M	. MONTH	DAY YEAR	2							
O O	CERTIFICATE MING THE W DED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO B	MEDICAL	21d. INJURY O	G CAUSE OF		P.M		19 (ATHOME.	211 100	ATION						
ž		ME	WHILE AT WORK				ORY, FARM, ETC			REEI		CITY OR	OWN	C	OUNTY	STATE
	WR WARI VAGE		AT WORK	AT WORK												
	ATE, W ORWA ORWA OR: PAC HE STAT		22a. I certify	that I taak char	ge of the	remains des	cribed abov	e, held an	Autops	y 🔲, Ins	spection XX	Inqui	y 🔀,	and in my	opinion	
	MINE FOR BE FOR THE		death resulte	d fram: Nati	ural cause	s 🙀 .	Accident	], Su	icide .	Hamicide	Unc	determined	manner [	],		
	CERTIFIC CERTIFIC ULD BE F DIRECTO WITH TH			_						TITLE (SPEC	IFY)					
	SHOULD SH		ACTUAL SIGNATURE	( ) wh	m	-6	Su	lich	M. M.	o. nei	outv M	EDICAL EX	AMINER	DATI		1-19-85
	OF STATES			0	THE				1	29						
	A A CONTRACTOR	-	EXAMINER'S N		n T	Bul	kele	v. M.	D	ADDRESS	Salis	shur	Ms	rvla	nd	
	PAC PAC —	23o.B	URIAL, CREMAT	ION, REMOVAL	23b. DATE		23c. N.	AME OF CEA	METERY OF	CREMATORY	23d	LOCATION			UNTY	STATE
07/84	BP	T	PECIFY)		11-	23 - 85	5 50	bow	EGLEL	( = ME	EDU A	M ARde	ela	1/26	20	MD
25M		24. F	UNERAL DIRECT	OR					1	25o.	DATE/REC'D.			REGISTRAR'S	SIGNALL	فاعاتك
	DHMH - 17 (VR A15 ME (5))	10	NAME 1 -	F 54	====	ADDRESS	113=2	101	Sulse	MD	JEC :	0 1985	S Carlo		and a fee	4
		1	LVILLE	- 0	-	4	463	. 00	2	- 7						



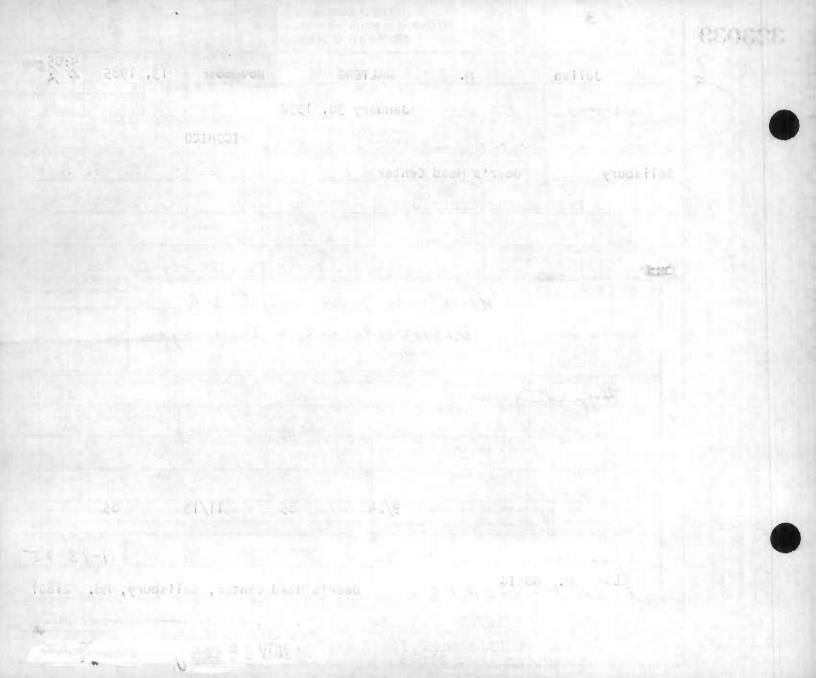
IMPORTANT if hem 21 is marked or them 18 shows any

DHMH - 16 60M 7/ (VRA 15, 4)

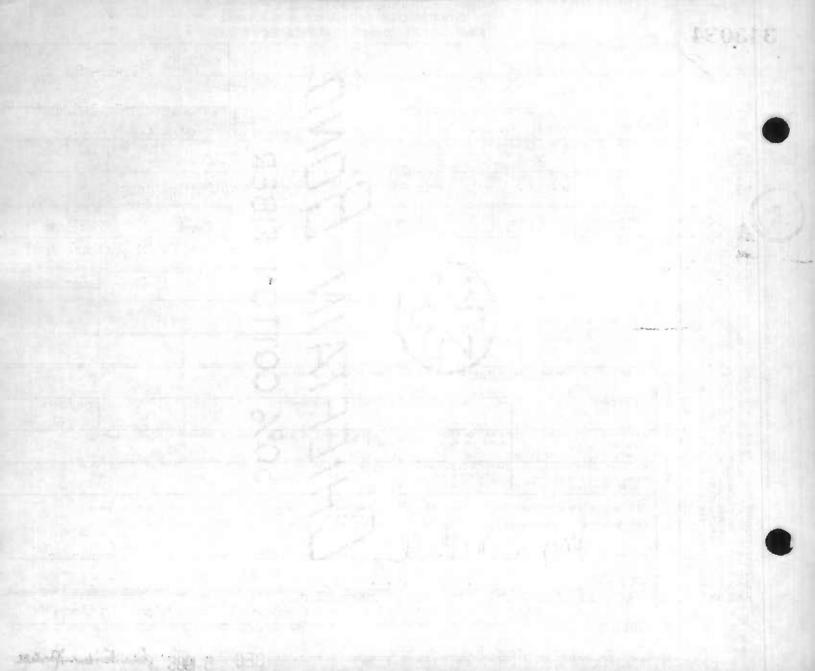
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 31201

1	It	ems #1,3,16a	,23d &25b		TE OF MAR		0 0		5 2 /	0 4
	1-	STATE FILM #G61(	1-10/0F	PARIMENT OF	IFICATE O	D MENTAL HYG				10.1
-	DEC	EASED NAME FIELD	WIDDIE	-	LAST		REG. No.	O. MONTH	DAY YEAR	Tal. HON IR
		Julian	Mike	1.4	ALTERS	WALTER	November	13,	1985	4:05 sam
h	: SEX	Transcate and the second	4 RACE		E OF BIRTH	***************************************	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		MALE malae	cau	lan.	2		55 yrs.	MBC	MONIHS DAYS	HOURS MIN.
ŧ		THPLACE INTERPOSEDS	76 CITIZEN OF WHAT COUR	VTRY? 8			9 BALTIMORE CITY O	ING	Y OF DEATH	
1		TEXAS	U.S.A.	WIDO	and Ar	R MARRIED DIVORCED	WICOMICO			WD
t		TY OR TOWN OF DEATH	M. NAME OF HOSPITAL, N	IURSING HOM			120. USUAL OCCUPATI			OF BUSINESS OR
I	Sa	lisbury /	Deer's Hea		r		Chi of Pett			.S.Navy
ŧ		TATE TIME COUN	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSIO	N)	CITY LIMITS?	13e STREET ADDRESS			12
I		2000000	(4)	ridge	YES [	NOX	204 Sandy			13
k	4. FA	THER'S NAME	MIDDIS LA	C T	15 MOTH	R'S MAIDEN NAM	ME OI Sallay	11111		
V		MIKE	WALT			SOPHIA			GÓÌ	RSKI
F	åo. V	AS DECEASED EVER IN U.S. AR	COSTAG GO GAMA	SECURITY NO		MANT Wife				
Ł	8.8	5-2/3/47 2/1	7/69 453-	34-778	7 Mrs.	Betty	B. Walter	S, S	same as	
Г		II CAUSE OF DEATH (Enter on	ly one couse per line for (o),	b), and ici. I			(3)	Tivo	BETWEEN	ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE	E CAUSE (a) Mule	tille	Tue	dulare	1 C. U.A.			
DUE TO, OR AS A CONSEQUENCE OF										
ı	5	Conditions, if any, which	1 b) Ve	rtoby	olea	ular	aneur	you		
gove tise to immediate couse (a), stating the DUFTO ORAS A CONSFOUENCE OF										
ı		underlying come last.	(6)	3LOOLINCE OF						
ı		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTIN	G TO DEATH B	UT NOT RELA	ED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART TO	0
ı	Š.	Hypert	ension.							
ı	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERAT	ION WAS PER	FORMED	20a AUTOPSY?		S, WERE FINDI	
ı	11		Market State of				YES NO		ES [	NO [
1	8	210. ACCIDENT WAS UNDERLYING	110110 1 11 11011	H DAY YEA		INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
ı	CAL	OR CONTRIBUTING CAUSE OF DEA	1111	19						-
ı	WEDICAL	THE INJURY OCCURRED	21e PLACE OF INJURY		21f LOCA	TION	CITY OR TO	wN	COUNTY	STATE
ı	Σ	ALWORS ALWOOS	(AT HOME STREET, FACTORY, C	OFFICE, FARM, EIC )	3"					
ı		220.1 certify that (1) (this haspi	tal) attended the deceased	from 9/	24	. 19_85	11/13		19_85	that (I) (we) last
ı		saw the deceased alive an	t) view the bady after death	_19,	ond that in (r	ny) (our) opinion o	death occurred on the de	ate and ho	ur and from the	causes stated
ı		77% SIGNATURE	in view the body differ death.		DEGREE	1.31 3000			22c. DATE	SIGNED
ı		Elia u.	Cerrie	MiD	_	PHYSICIAN	MEDICAL STAI		11-	13-85
ı		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADD					,
		ELSA M.M	GORIS,	C .	Dee	r's Head	Center, Sa	lisbu	ry, Md.	21801
1		URIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF		R CREMATORY	23d LOCATION	D	haster	
	(	burial	11/16/85	Dorche	ester	Mem. Pl		Corcl	Jester.	, Md Md
1	24. FU	NERAL DIRECTOR	1			I 25n DATE	E REC'D. BY REGISTRAR			~
1			FUNERAL HO		nigr	24. NO.	V 1 5 1985	julia	Devidon	Mandelle

STATE OF MARYLAND



			500					MARYLAND		32/6	o i
2	10001	1-	FOR STATE		AAE	DICAL EXAMI		H AND MENTAL H			15.7
3	13084	1	REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	NEK 5	CERTIFICATE O	F DEATH REG.		an In House
•	2		E OR PRINT)						20 DATE KNOWN OF ESTI- DEATH MATED	X	AR Zb HOUR
	EAS EAS EAS EAS EAS EAS EAS EAS EAS EAS	3. SEX		PAT	S. DATE OF BIRTH	J. ACEUN	YEARS IF UI	WALTER NDER 1 YR. IF UNDER		11-27-85°	AR 2d. HOUR
	STA STA			White	MONTH DAY	1985 LAST BIRTH			MIN PRONOUNCED	moitin on the	20. HOUR
	AN ZOL		Nale		76 CITIZEN OF WE		YRS.	131	DEAD	11-27-8519 OR COUNTY OF DEATH	TOAM
	GESS OF SERVICE SERVIC			Marylan	d U.S.A.	IAI COUNTRY?		RIED   NEVER MARRI	ED LX		
	NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR PIES. TITHIN YOU STREET, HESTON STREET.		TY OR TOWN C			PITAL, NURSING HOA	WIDOV		Il20 USUAL OCCUPATION (1	ico County	MD.
	A HOUSE		alisbur		(IF NOT IN SUCH FAI	CILITY, GIVE STREET ADDRESS	)		FOR MOST OF WORKING LIFE)	OR INDU	STRY
	SEN SE		AL RESIDENCE		Peninsu	a General	Hosp	ital		17	Alexander of the second
1	AND	13a S	aryland	110,600	omico	Hebron		13d INSIDE CITY LIMITS? YES NO	Route # Box	2052/8	30
Car	17003	14. F/	William		D MIDDLE	Wälter		15. MOTHER'S MAIDE	MIDDLE	LAST	
1	12-0-/L				Barry			Teresa	Byrd	Hastin	gs
ALTIM	JRS AFER S. GW SW WITH FOR F. PAGES DIVISION		VAS DECEASED ES, NO, OR UNKNOV		RMED FORCES? (E WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	Same as	eresa Byrd Pru	ift (Mother)	
E	WIT WILL		18 CAUSE OF	DEATH (Enter of	only one couse per line	for (a), (b), and (c).)		The state of		APPROXIA BETWEEN O	MATE INTERVAL
W. PRESTON ST	24 HOL TEM 18 ONG PERMIT SIENE, VAL.		PARTIDEA	IMMEDI	ATE CAUSE (a)St	udden infa	nt de	ath syndrom	ie		
ESTO	ALOIR HYGIR		e 100		DUE TO, OR	AS A CONSEQUENCE	EOF				
	VITHI VCIL I NER RANS TAL I		gave rise	s, if ony, whice to immediat	le (b)						
× =	SAM VEN		lying caus	stating the <u>unde</u> le lost.	DUE TO, OR	AS A CONSEQUENCE	E OF				
5, 201	NO TO		A187 A 67115 510		(c)						
DIVISION OF VITAL RECORDS.	HOULD BE EXECUTED WITHIN 24 H RD "PENDING" IN PENCIL IN ITEM HIFF MEDICAL EXAMINER ALON USED AS BURIAL - TRANSIT PER CHEATH AND MENTAL HYGIER  RIAL CREMATION, OR REMOVAL	NO	PART 2 OTHER SIG	NIFICANT CONDITION	IS CONTRIBUTING TO DEATH 1	BUT NOT RELATED TO THE TE	RMINAL DISEA:	SE DR CONDITION GIVEN IN PAI	RY 1 : 0 .		
2	SHOULD ORD "PE OCHIEF AN EUSED A UNITED	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATION V	VAS PERFORMED?		2D AUTOP	SY?
VIV.	WORD WORD WORD AF CHIE	E								YES X	ON [
9	THE WOOD THE WASTANEN	E	210. EXTERNAL		21b. TIME OF HOUR A.M	MONTH DAY YE	AR 21c. H	IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
O	SAR	S	CONTRIBUTION	IG CAUSE OF		19					
N N	CER 35 DEP	MED	WHILE AT WORK	NOT WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY	STATE
ь	INER: THIS CERTIFICATE SHOW FICATE, WRITING THE WORD 'S FORWARDED TO THE CHIE TOR, PAGE 3 SHOULD BE USE THE STATE DEPARTMENTON AND, 21201 PRIOR TO BURLAND.	16	AT WORK	AT WORK							
	ND, ND,		22a   certify	y that I took cha	rge of the remains des	cribed above, held an	Autop	osy X. Inspection	n . Inquiry .	and in my apinian	
	MINISTER BE BE THE THE THE THE THE THE THE THE THE TH		death resulte	d from: Not	usal course .	Accident	ovicide	, Hamicide .	Undetermined manner	J	
	CER CER		ACTUAL	MOU	site Me	U( 00		TITLE (SPECIFY)		DATE 11 00	
	SHAT SHAT		SIGNATURE_	1-eco	che Day	MINUX	^	A.D. Assista	nthedical examiner	SIGNED 11-28	1-85
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRIN	IAME Ma	rgarita A.	Korell,M.	D.	ADDRESS 111 F	Penn Street		
	535548		PEC FY)	ION, REMOVAL		23c. NAME OF C			23d. LOCATION	comico, Mary	1 STATE
07/84 25M	BP	24.5	UNERAL DIRECT	rial	11/30/198	Springhi	wer	mory Garden			Idrid
20111	DHMH - 17		MANAG		ADDRESS	C 1. I			REC'D. BY REGISTRAR 256 RE	GISTRAK'S SIGNATURE	
	(VR A15 ME (5))	止	Holloway	Funera	1 Home, P.	J., Salisbur	y, Ma	Tylana	DEC 5 1085	Add Souther 1	Amelalla-



			OR					DEPARI		TATE OF A			YGIEN	5		3	2	1	6	2
3221	MO		STATE						EXAM				F DEA	TH	REG.	NO				V
CANA	13	I. DE	EASED NAM	E !	FIRST			MIDDLE			LAST			20 DATE	KNOWN		нтиом	DAY	YEAR	2b. HOUR
₩ %	. S F.	(TYP)	OR PRINT)	Jai	mes		TY	RONE	-	V	atson	1	600	OF	ESTI- MATED		10	310	85	AA
A S S S S S S S S S S S S S S S S S S S		3. SEX		4 RACE		S DATE	OF BIRTH	YEAR	6 AGE (IN	YEARS IF UT	DER 1 YR.	IF UNDER		2c. DATI		AA	ОНТН	DAY	YEAR	2d. HOUR
DIRE.	ON STATE	N	ALE	NEGI	RO	2	20	67	18	YRS.	HS DAYS	Hours	MIN	PRONOU DE AL	D		10	3119	85	10:25
ESSA	E S FOR YOUR FILES.  O WITHIN 72 HOURS  W. PRESTON STREET,	70 BI	EIGN COUNTRY)	TATE OR		76 CITIZ	EN OF W	HAT COU	NTRY?	8. MARR	IED   NE	VER MARRI	ED 🗶	9. BALTIA	AORE CIT	Y OR C	OUNTY	OF DEA	TH	
San	N N N N N N N N N N N N N N N N N N N	1		AND			4.5	, Ho		WIDOV	VED 🗆	DIVORC	ED 🗆		comi					MD
ELAY IS TO THE P	Self Por Sel	10 CI	Y OR TOWN	OF DEATH					JRSING HO STREET ADDRES	ME, OR OTH	IER INSTITU	NOITI		OSPOF WO			WORK 12		OF BUS DUSTR	INESS
10 PELA	L M S M S	TISHA	Salis		S HOME OF	PE OTHER IN	nins	ila G	enera	1 Hosp	pital			LA	bore	R		NO	NX	_
201 F ANY E	SHOULD BI	M	ÂRYLAI	1 13b	VICC	OIMC	0	SA	LISBU	iry	13d. INSIDE	NO 💢	13e STRE	3 O	nei Di	4 A	VEN	LIE	218	101
E & E		14. FA	THER'S NAM		300	MIDDLE		n.	LAST		15. MOTH	ER'S MAIDE	NAME		MIDDLE		-	LAST		
DEATH.	E SACOL	140.14	Joine:		I C A DAA	450.000	CEEA	Phil	lips	OLA VILIO	17 INFOR	ISCILL	A		4000		Ih	ome	25	
	I. PAGES 1 PORM DIVISION OF	(YE	S, NO, OR UNKNO	OWN) (IF Y		WAR OR DAT		212	-86-	9743	Sylve	STER	WAT:	5011,5	ADDRI		me			
~ ~			18 CAUSE C	ATH WAS	"AUSED	BY.						4						APPRO	XIMATE I	NTERVAL AND DEATH
PRESTON ST., ITHIN 24 HOUR	PERMIT. GIENE, E	-		IM	MEDIATE	E CAUSE				of che	st									
REST	JER ALON ANSIT PER AL HYGIE REMOVA		Canditia	ns, if any,	which	1	JE TO, OK	AS A CO	NSEQUENC	E OF							414			
W. P	€658			se to imm		3	(b)	AS A CO	NSEQUENC	E OF						-				
201 STED	EXAMINER HAL-TRANS MENTAL H ON, OR REA		lying ca	use last.			(c)	7,07,00	1000000110											
	EXECT NG ING ING ING ING ING ING ING ING ING	7	PART 2 OTHER S	IGNIFICANT CON	IOITIONS CO	ONTRIBUTIO		BUT NOT REL	ATEO TO THE T	ERMINAL DISEAS	E OR CONDITIO	IN GIVEN IN PAI	RT 1 (a).							-
RECO D BE PENDI	CREALT CRE	CERTIFICATION	19a DATE OF	OPERATIO	N	Tio	L CONDI	TION FOR	WHICH OF	PERATION W	AS DEDECO	PAAED2						20 AUT	DACHO	
VITAL RE SHOULD ORD "PE	USED OF HE	FICA	THE DATE OF	OT EXPANSE		"	u. CONDI	HOIVION	willenoi	ERATION	ASPERIOR	(MED?								
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### FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

D	E	G.	N	r
17	_	v.	14	-

	REGISTRAR				4611111		OI DEATH		REG. 1	NO.			
	CEASED NAME	FIRST		MIDDLE	W	est		2a. DAT	E OF DEATH	MONTH	DAY YEAR	26 HO	UR
	CONTRACT	Elizat	oeth Mi	ldred	W	EST		1	JOU.	11,19	785	15	30 N
3. SE			4 RACE	19 4	5. DATE			6. AGE	(IN YEARS LAST B	RTHDAY	IF UNDER 1 YEAR	_	R 24 HRS
16	Female		White		10	10	1909 YEAR	7	6	YRS	MONTHS DATS	HOURS	MIN.
	IRTHPLACE (STATE OR F			WHAT COUNTRY?	8 MADDIE	пПи	EVER MARRIED	9 BALTI	MORE CITY	OR COUNTY	OF DEATH		
	ingston, Ma				WIDOW	XX	DIVORCED [		omico				WE
	ITY OR TOWN OF DEA	ATH		HEACHITY, GIVE STREET		OR OTHE	RINSTITUTION	(TXPE OF	WORK FOR MOST	OF WORKING LIF	126. KIND (		
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13a S		136 COUN	TY	13c CITY OR TOW	ADMISSION)	13d IN	SIDE CITY LIMITS?	13e.STRE	Prisc	/ ZIP CODE		0.1	1001
	Maryland	Wicor	nico	palisbury		YES [			y Prisc	tilla St	reet	21	1801
14. F/	ATHER'S NAME FIRST	4	MODLE	LAST			THER'S MAIDEN NA	ME	WIOOFE		-, 14	4ST	
	Harry		FIDDIE	Adams			Mamile					ming	
	WAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU			ORMANT Mrs.						
,	(YES NO OR UNKNOWN)			212-10-0	0225	72	0 S. Park	Drive	, Salish	oury, N	Maryland	d 21	801
	18 CAUSE OF DEAT	H (Enter anl	y ane cause per	line far yal, (b), and	dic	^		_	٨		BETWEEN	XIMATE INTE	RVAI O OE ATH
	PART I. DEATH W	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Chuma Rismathy Fully											
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	Conditions, if any, gove rise to imm		(b)	XX	tuc	yru	$n \nu$	1	sahwa	uyo -			
	cause (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF		1						
	underlying cause	last.	( (c)	Section W	Men	rul	Momen						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
CERTIFICATION	The state of the s						V						
AT	19a DATE OF OPERATION 19b CC			DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED						
F	15 TO 18 TO						IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO						
ERT	7 a ACCIDENT WAS UNE	DERLYING	21b. TIME O	E IN HIPY									
	OR CONTRIBUTING		110110		URY MONTH DAY YEAR   21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								
N V	(IF EITHER NOTIFY MEDIC		Ρ.		19								
MEDICAL	21d INJURY OCCURE		2 I PLACE	OF INJURY BEET, FACTORY OFFICE F.	ARM ETC 1	211 LC	STREET		CITY OR T	OWN	COUNTY		STATE
~	AT WORK AT WO	FILE RK				0.18				1			
	22a I certify that (1)	(May hospita	al) attended th	e deceased from_		10/2	19 85	, to_		11	19 75	, that (I) (	(we) las
	saw the decease	d alive on_	11/11	185 19	a	nd that i	n (my) (our) apınıan	death acc	urred an the	date and hou	and from the	e causes st	tated
	22b SIGNATURE	A IS	view the bady	offer death.	Α	DEGREE		111111			22c DATE	ESIGNED	,
	V	YUN	GM		AM		ATTENDING	MEDIC		AFF	(1)	11/5	75
	22d. PHYSICIAN'S	ME OFFICE	PRINT)		11.0	22e Al	PHYSICIAN [	DIRECT	OR   PHYS	CIAN	1	10	7
	JOSEN	X VK	. GR	ASSO		(	suo S.	Divi	SIUN	24	SAL	15.	m
	BURIAL, CREMATION,		236 DATE				Y OR CREMATORY		OCATION				
	(SPECIFY) Burial		11/1	4/1985 V	Vicom	nico	Memorial F	PK :	Salisbu	ry, Wic	comico,	Mar	ylan
24 F	UNERAL DIRECTOR		11	D A C 21		4.4	25a. DA1	TE REC'D.	BY REGISTRA	RESI REGIST	RAR'S SIGNA	TURE	1155
1	Holloway Fu	neral	Home,	A., Salis	spury,	Mar	yland \\\\	19	1005	Digital Wall	vidson-Ro	moune	

BALTIMORE; MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

> DHMH - 16 60M 7/B (VRA 15, 4)

WIOTTAIT: If Nem 21 is marked or Nem 18 shaws any injury, or other traumatic event, the IO FUNCEAL DIRECTOR. After this certificate has been signed by the attending physical name to the other discussion between the burnal-transit permit. Then please remove carban paper the first size Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

10 FUNERAL DIRECTOR. After this certificate has been signed by the ATTENDING PHYSICIAN: The low

malled or the hospital or attending physician.

TO HOSPITAL

BP.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

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FOR - STATE REGISTRAR 1. DECEASED NAME YPE OR PRINTS

3 SEX

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

WHITE 5. DATE OF BIRTH

March 29, 1914

	REG. I	NO.				
	28. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
		11	25	85	2/:	25
_	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
	71	YRS	MONTHS	DAY5	HOUR5	MIN
,	9. BALTIMORE CITY	OR COUN	TY OF DE	ATH		

White Female 20. BIRTHPLACE ISTATE OR FOREIGN Virginia

131 COUNTY

D DAMA

EDNA

75 CITIZEN OF WHAT COUNTRY? U.S.A.

(LENA)

LENA

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Wicomico 12s USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife

12h KIND OF BUSINESS OR INDUSTRY

IO. CITY OR TOWN OF DEATH Salisbury SUAL RESIDENCE UF NURSING TO BE OR OTHER INSTITUTION

GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN Crisfield

YES [ NOX 15. MOTHER'S MAIDEN NAME

Rt. 2-Box 72- Hopewell MIDDLE

(21817)

Maryland FATHER'S NAME James

G. 1602 WAS DECEASED EVER IN U.S. ARMED FORCES?

omerset

MIDDLE

IMMEDIATE CAUSE (a)

4 RACE

Taylor 166 SOCIAL SECURITY NO.

Peninsula General Hospital

Vennia 17 INFORMANT Lorraine Windsor

21 Peach St. Crisfield, Md.

Mason

no

CERTIFICATION

CAL

 $\infty$ 

MPORTANT:

should b

YES NO OF UNKNOWN (IF YES GIVE WAR OR DATES) none

PART I. DEATH WAS CAUSED BY:

213-42-0146 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

CARPIOGENIC SHOCK

21817 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.

DUE TO OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

MYDCARPIAL INFARCTIONS
RECURRENT ANGINA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)

21d INJURY OCCURRED WHILE NOT WHILE 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC )

211 LOCATION

COUNTY STATE

228 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on.

22b. SIGNATURE

(our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

CITY OR TOWN

obove, ( (we) (did) (d d not) view the body ofter death

DENNIS J. CHODNICKI, M.D

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 27e ADDRESS LOCUSTY POINCY STS. - SALISBURY, MD 21801

236 BURIAL, CREMATION, REMOVAL (SPECBurial

23b. DATE 11/28/85 23¢ NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery

Crisfield

Somerset

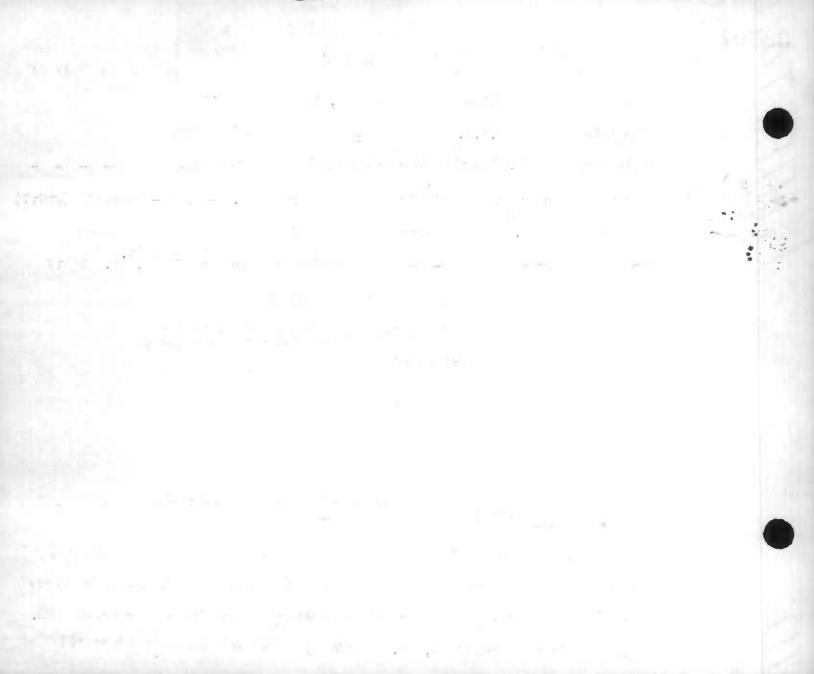
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR Bradshaw & Sons

Crisfield, Md. 21817



		500		STATE OF MAKTLAND	3 5 3	2101			
- COA CY	1.	FOR STATE							
338167		REGISTRAR							
000	) DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
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y be	11	John	EDVVHED	white	111-01-0	5 1000 Am			
pod.	3. SE	11	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYPEAR IF UNDER 24 HRS			
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1 2 2 P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
9 3/2		/VI.//	I W. D. H	WIDOWED DIVORCED	Wicomico	MD.			
	10 CI	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	17E UNDA) OCCUPATION	12b. KIND OF BUSINESS OR			
- 40 40 (\$/)	6	ALISBURY	(IF NOT IN SUCH FACILITY, GIVE STREET	11 -	THE GOLD TO HOLD OF WORKING	(#E) INDUSTRY			
20 3	10		OTHER INSTITUTION GIVE RESIDENCE BEFOR	Sing Home	1 miner	1			
ded in		STATE A DISE COUNTY	MIY I'X CITY OR TOW		IN STREET ADDRESS / ZIP COL	E 4825			
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	1	purio	, war	/ / lace	ADDRESS:	y co			
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ALT e co		18 CALISE OF DEATH (Enter of	nly one couse per line for (o), (b), ar	dela)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
B)		PART I. DEATH WAS CAUSE	D BY:	her Vaccent	1 / Acc Stat	BETWEEN ONSET AND DEATH			
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NO PO	13.3	In the second se	DUE TO, OR AS & CONSEQU	ENCEDE					
he recorded to the recorded to	100	Conditions, if ony, which	( (b) 1+1/P	fluston -		The second second second			
PR the		gove rise to immediate cause (a), stating the	DUE TO, OR AS A ONSEQU	ENCEOF A / //	/ 1				
W. or of the other		underlying couse lost.	DOE TO, OR AS A ZONSEGO	ne Center o	cocala acada	and the same of th			
201 ed l	1	DADY O CHUID CLOUD CAN	(c)						
sign sign ben o bu	z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART Ita			
or ten	2								
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ho on.	=	ISSUES SHA				ES NO			
NG PHYSICIAN: The offending physicion offending physicion for this certificate has the buriol-transity and Mental Hygies thand Mental Hygies orked or term 18 show	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
PF VI	_	OR CONTRIBUTING CAUSE OF DE		AY YEAR					
N OF NO P	0	LIF EITHER NOTIFY MEDICAL EXAMINER		19					
PHYSIC ending this cert this cert dor item	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
IVIS otte otte rkee	~	AT WORK NOT WHILE		2 4		-			
Mo of the		220.1 certify that (I) (this hasar	ital) attended the deceased tom.	014183 19	10 21 NOV 8	. 19, that (I) (we) last			
N D O D H	-73	sow the deceased alive on	9/ 3/	of the latter of	deoth occurred on the date and ha				
R ATT hospin RECT hed for tem 2	100	obove, (I) (we) (did) (did no	ot) view the bady after death.		The second of th				
	13	220 STGN TURE	11/11	DEGREE	MEDICAL STAFF	221 DATE SIGNED			
TAL O y the RAL DI detacl rate De		1101	nonth	M/QATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	7/10103			
See See	9	THE PHYSIC AN'S WAVE (THE	OR PRINT)	22e. ADDRESS	1111	1 121.17			
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		FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG	giene も も も	2100
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ctor s of	/	Male	White	Sept. 8. 1927	58 YRS.	
2 32 37		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 62		Maryland	USA	WIDOWED DIVORCED	Wicomico	MD.
1 21 8/		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE:	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
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(wir. in 137)		Frank	MIDDLE Will IAS		MIDDLE	Timmons
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ALII siciar pers. ol.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b		· OLIO II OLIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy mpol mov		PART I. DEATH WAS CAUSE	TE CAUSE (0) Cerel	revascular accident		
or re			DUE TO, OR AS A CONS			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM ING PHYSICIAN: The law requires that the death certificate be to rattending physicion. Itter this certificate has been signed by the attending physician a as the buriol-transit permit. Then please remove carbon papers. Po the and Mental Hygiene prior to buriol, crematian, or removol.  orked at them 18 shows any injury, ar other traumotic event, thange		Canditions, if any, which	(b)			
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been record any in	ATIC	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
The lo sicion. The lo sicion. The lo sicion. The lo sicion. Sicion with permanent perm	CERTIFICATION		V		YES NON YES	ING CAUSES OF DEATH?
IAN: The physicio phy	GE	218. ACCIDENT WAS UNDERLYING	LIGHT A MA MONITH		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT ( OR PART 2)
YSICIAI ding ph ding ph ding ph scentifi Mental	CAL	OR CONTRIBUTING CAUSE OF DEA	AID	19		
VISION OF VI	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	FICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P or atter the as the olth and marked	-	AT WORK NOT WHILE				7
TEND or OR: 4		22a I certify that (I) (this hospi saw the deceased alive an	111 16	0,0	death accurred on the date and hour	9_85, that (I) (we) last
1 8 D = 0 C		above, (I) (we) (did) (did no	review the body after death.	DE GREE	dearn accurred on the date and hour	22c DATE SIGNED
F 000 0		K	ali mail	MA ATTENDING	MEDICAL STAFF	III III C
by the state of th		22d. PHYSICHAN'S NAME UPPEC	CH W LMMCH	22e ADDRESS	DIRECTOR PHYSICIAN	1 11 11 83
FUNE All the Sign		RODNEY ()	4. WENRICH	100 POWER	ST. SALISBUR	24 md. 21801
58 5813	23a I	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY) Burial	11-14-85	St. John's	Powellville	Wicomico MD
DHMH - 16 50M 4/83	24. 1	Parecion 1121	OKAO ADDI		TE REC'D. BY REGISTRAR 256. REGISTR	A second
(VRA 15, 4)	1	Harley W/	fast		OV 1 4 1005	and the second of the

DEPARTMENT OF HEALTH AND MENTAL HYGENEW FOR - STATE REGISTRAR REG NO 324065 I. DECEASED NAME 26 HOUR O DATE KNOWN XX MONTH DAY (TYPE OR PRINT) ESTI-Melvin DEATH MATED Williamson 19 85 Garv 3 SEX 4. RACE 6 AGE (IN YEARS 2c DATE 2d HOUR 4:38 YFAR LAST BIRTHDAY) PRONOUNCED 19 85 30-1956 11-DEAD White BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED FOREIGN COUNTRY) USA DIVORCED Wicomico County, Marvland WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 18 CITY OR TOWN OF DEATH Truck Driver Trucking Salisbury Peninsula General Hospital ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21632 13d. INSIDE CITY LIMITS? Rt TI BOX LIO. STATE 13c. CITY OR TOWN 203A Fed. Md. Maryland Dorchester ederalsburg NO4 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Williamson Eva Vogel Melvin Williamson Horace 17. INFORMANT ADDRESSEC . . 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Me . YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES) 214-68-5042 Mrs. Lisa S. Williamson Rt.1 Box20 AENTE PARMIT PERMIT. PAC MENTAL HYGIENE, DIVIS NO, OR REMOVAL. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Blunt Trauma to Head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 4 I CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? USED, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, YES X NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING DOR subject pinned between two trucks CONTRIBUTING CAUSE OF DEATH 4: 10 P.M. 11-8 211. LOCATION 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK work site Williamsburg Church Rd. north of Rt. 307, Hurlock, Wicomico Autapsy XX 220. I certify that I took charge of the remains described above held an Inspection Inquiry Homicide Undetermined monner death resulted from Natural cousts TITLE (SPECIFY) 11-9-85 DATE Assistant MEDICAL EXAMINER SIGNED EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236, NAME OF CEMETERY OR CREMATORY Burial Federals., Md . 11-11-85 Bloomery Cemetery Caroline 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** 311 S. MAIN I1. Fed. Md illiamson Funeral Home (VR A15 ME (5))

STATE OF MARYLAND

FOR STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				REG. N	10.				
	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR		
2411)	Ellen	T	Wise			11	28 85	7 AM		
3 SEX		4. RACE	5. DATE OF BIRT		6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
2	famala.	negro	MONTH	16 1907	78	YRS	MONTHS DATS	HOURS MIN.		
7a BI	female RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	Y? 8		9 BALTIMORE CITY		Y OF DEATH			
5	NOW Hill	USA	MARRIED WIDOWED	DIVORCED	Wicom			MD.		
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		ER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR		
,	Salisbury	Deer's Head Co			House	Wife	AC	tired		
	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BE	ORE ADMISSION)	NSIDE CITY LIMITS?	13e.STREET ADDRESS.	/ 710 COD		2/8/11		
	Md. Wic	ODICO SALIS	BURY YES	V _	515 (	2011	NS 5.	1, 4001		
14 FA	THER'S NAME	MIDDLE VALAST	15. M	OTHER'S MAIDEN NAM	MIDDLE	TOU	I ne LAST			
Ma V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16h SOCIAL SE	CURITY NO 17 IN	IFORMANT	ADDR	FSS	201	7 (		
		VE WAR OR DATES	0 9700	11:11:2 1	(	1010	EAST	10, 111		
-		2/3-2	2-8/11	VIVIAN M	UUSON	5A1	SDU	4,00,		
	18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b),	and ice	1 # 10.			BETWEEN	MATE INTERVAL DISET AND DEATH		
		TE CAUSE (0) Conges	y'w Heling	raille	N		3d	ayo		
		DUE TO, OR AS A CONSE	DUENCE	, ,	^		2			
163	Conditions, if ony, which gove rise to immediate	( (b) /t	cute	1 curomi	9					
	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying cause last.									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
S S										
AT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WA	SPERFORMED	20a AUTOPSY?		S, WERE FINDIN			
MEDICAL CERTIFICATION					YES T NOT		FYING CAUSES	OF DEATH?		
ER	210 ACCIDENT WAS UNDERLYING		21c.	HOW INJURY OCCURR		URY IN ITEM 18	PART I OR PART 2)			
14	OR CONTRIBUTING CAUSE OF DE		DAY YEAR							
SC.	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	LOCATION						
WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFI		STREET	CITY OR TO	NWC	COUNTY	STATE		
100	AT WORK		1/-	01 27	1/ - 21	0	0.5			
		ital) attended the deceased fra	24	1303	, to			that (I) lost		
		ot) view the body ofter death.		in (my) (our) opinion o	seath accurred an the o	late and ha				
	22b. SIGNATURE	ort	DEGRE	ATTENDING	MEDICAL STA	cc	22c. DATE	SIGNED		
	Her		PHYSICIAN [		CIAN	4-	003			
	22d. PHYSICIAN'S NAME (TYPE	O(PINIT)	22e	ADDRESS						
	Dr. Ina Hwan	ng		Deer's Head	d Center Sa	alisbu	ry. Md	21801		
23a. E	BURIAL, CREMATION, REMOVAL		RE NAME OF CEMETE		23d LOCATION			,		
1	BILVIA 1	12-3-85	SPING	HILL M.G.	Heh	ON	Mico	Mã.		
24 FL	INFRAL DIRECTOR	0/ -/	R+ #2	PERSON ATTE	REC'D. BY REGISTRAN	25b. REGIS	TRAR'S SIGNATI	JRE		
	Jotle I mens	· Chapel -DDRES	ALISbur	IMd! NI	F.C. 5 400E	The Same	Jonida.	20		
					- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31 77 74	and the same of th	200		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this centificate has been signed a should be detached for use as the burial-transit perm. Their prea-with the State Dept. of Health and Mental Hygiene prine to blirrial. ENDING PHYSICIAN The lov attending physicial TO HOSPITAL BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Nem 21 is morked or Item 18 shows ony

TORIS O CENTRAL STATE OF STREET